

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

## Filing at a Glance

Company: Torus National Insurance Company  
Product Name: Medical Professional Liability  
State: Illinois  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0023 Physicians & Surgeons  
Filing Type: Rate  
Date Submitted: 12/28/2012  
SERFF Tr Num: TORS-128825231  
SERFF Status: Closed-Filed  
State Tr Num: TORS-128825231  
State Status:  
Co Tr Num: TN-MPL-CW-001-ILR  
  
Effective Date: 01/01/2013  
Requested (New):  
Effective Date: 01/01/2013  
Requested (Renewal):  
Author(s): Akshay Syal, Sameer Malhotra  
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean  
Disposition Date: 06/25/2013  
Disposition Status: Filed  
Effective Date (New): 01/01/2013  
Effective Date (Renewal):  
  
State Filing Description:  
ROUTED 3/14/13

**State:** Illinois  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

## General Information

Project Name: Physician and Surgeon Professional Liability Program  
Project Number: TN-MPL-CW-001  
Reference Organization:  
Reference Title:  
Filing Status Changed: 06/25/2013  
State Status Changed:  
Created By: Sameer Malhotra  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending  
Domicile Status Comments: Pending  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:  
Submitted By: Sameer Malhotra

### Filing Description:

Torus National Insurance Company proposes the enclosed Medical Professional Liability Policy filing for your review and approval. The proposed program is for physicians and surgeons operating in the state of Illinois. It is being written in conjunction with Bentley Insurance Group, LLC, a risk purchasing group. Please be advised that the proposed program is structured after First Professional Insurance Company's Physicians & Surgeons Professional Liability program already on file with your division. We are seeking an effective date of January 1, 2013 for new business.

## Company and Contact

### Filing Contact Information

Jason Simmons,  
Plaza 5, Harborside Financial  
Center  
Suite 2600  
Jersey City, NJ 07311

JSimmons@torus.com  
201-830-7755 [Phone]  
201-743-7700 [FAX]

### Filing Company Information

Torus National Insurance  
Company  
Harborside Financial Center  
Plaza Five, 26th Floor  
Jersey City, NJ 07311  
(201) 743-7700 ext. [Phone]

CoCode: 25496  
Group Code: 4701  
Group Name: Torus  
FEIN Number: 95-1429618

State of Domicile: Delaware  
Company Type: Insurance  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: 2 X \$50 = \$100  
Per Company: Yes

Company	Amount	Date Processed	Transaction #
Torus National Insurance Company	\$100.00	12/28/2012	66073458

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

---

## State Specific

Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)): YES

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: YES

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: YES

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": YES

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: YES

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/25/2013	06/25/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	02/25/2013	02/25/2013
Pending Industry Response	Gayle Neuman	01/30/2013	01/30/2013
Pending Industry Response	Gayle Neuman	01/02/2013	01/02/2013

#### Response Letters

Responded By	Created On	Date Submitted
Sameer Malhotra	03/15/2013	03/15/2013
Sameer Malhotra	02/25/2013	02/25/2013
Sameer Malhotra	01/30/2013	01/30/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date January 1, 2013	Note To Reviewer	Sameer Malhotra	06/25/2013	06/25/2013
effective date	Note To Filer	Gayle Neuman	06/20/2013	06/20/2013
extension	Note To Filer	Gayle Neuman	03/04/2013	03/04/2013
Request for Extension of Time to respond to Objections	Note To Reviewer	Sameer Malhotra	03/04/2013	03/04/2013
extension	Note To Filer	Gayle Neuman	02/06/2013	02/06/2013
Request for Extension of Time to respond to Objections	Note To Reviewer	Sameer Malhotra	02/06/2013	02/06/2013

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
extension	Note To Filer	Gayle Neuman	01/24/2013	01/24/2013
Request for Extension of Time to respond to Objections	Note To Reviewer	Sameer Malhotra	01/24/2013	01/24/2013
extension	Note To Filer	Gayle Neuman	01/15/2013	01/15/2013
Request for Extension of Time to respond to Objections	Note To Reviewer	Sameer Malhotra	01/15/2013	01/15/2013
Actuarial Review Completed	Reviewer Note	Caryn Carmean	06/17/2013	
rpg	Reviewer Note	Gayle Neuman	03/14/2013	

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Disposition

Disposition Date: 06/25/2013  
Effective Date (New): 01/01/2013  
Effective Date (Renewal):  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Torus National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Rate	Actuarial Memorandum - Bentley Filing		No
Rate (revised)	2 21 13 Bentley Underwriting Manual-Rates		Yes
Rate	1 25 12 Bentley Underwriting Manual-Rates		Yes
Rate	Bentley Underwriting Manual-Rates		Yes

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/25/2013
Submitted Date	02/25/2013
Respond By Date	03/04/2013

---

Dear Jason Simmons,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Our records do not show that Bentley RPG, LLC is registered with Torus National. Please advise.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/30/2013
Submitted Date	01/30/2013
Respond By Date	02/06/2013

---

Dear Jason Simmons,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Are the rates provided for a one year period or a three year period? The manual should clarify this point.*

*In regard to the individual risk issue, the company already offers a group size discount and then wants to offer more discounts if an account has ten or more insureds. Please explain how every group of 10 Family Practice - Not primarily Maj S is so unique and unusual compared to 4 Orthopedic Surgeons? Both groups have a premium of over \$500,000 - with the one group already getting the group size discount. Both groups also could have already qualified for the Loss Free Credit. I am not saying you could not submit an individual risk filing at some point. I am clarifying that what is described in your manual does not meet individual risk standards.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*



---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/02/2013
Submitted Date	01/02/2013
Respond By Date	01/16/2013

---

Dear Jason Simmons,

### **Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*
- 2. Under C. Policy Period, a policy would be extended if the insurer failed to provide 60 days notice of nonrenewal. Please explain what "underwriter discretion" applies to.*
- 3. Under U. Large Account Rating Rule - Section 155.18(b)(4) of the Illinois Insurance Code allows insurers to modify classification rates to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. For individual risk rating, we require the manual include the standards by which you measure the variations in hazards or expense provisions in order to determine that a specific risk is so different in hazard/expense that it warrants individual rating. Such standards are required in the law, prior to individually rating any risk, to ensure that an insurer is not applying its rates in an unfairly discriminatory manner.*
- 4. The RF-3 Summary Sheet is only required when there is an increase or decrease in the premium. Do you currently write \$4,000,000 in medical professional liability coverage in Illinois? If this is your initial filing and you don't write any business yet, the RF-3 should be withdrawn.*

### **Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/15/2013
Submitted Date	03/15/2013

---

Dear Gayle Neuman,

**Introduction:**

Please see the below response:

**Response 1**

**Comments:**

Please be advised that Torus National insurance Company has been appointed as the insurer for the Bentley RPG.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Sameer Malhotra

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/25/2013
Submitted Date	02/25/2013

Dear Gayle Neuman,

**Introduction:**

Please see the below response:

**Response 1**

**Comments:**

Torus National Insurance Company is in receipt of your letter dated January 2, 2013. In response to your comments, we offer the following:

1. Section C. of the Medical Professional Liability Underwriting Manual states, Policies will be written for a twelve-month period beginning with the policy effective date and ending at the policy expiration date. Please let us know if you would like us to add any additional provisions added to the rating section.
2. Please be advised that we have deleted Section U. Large Account Rating Rule. Attached please find a revised Manual.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	2 21 13 Bentley Underwriting Manual-Rates		New		02/25/2013 By: Sameer Malhotra
<i>Previous Version</i>					
1	1 25 12 Bentley Underwriting Manual-Rates		New		01/30/2013 By: Sameer Malhotra
<i>Previous Version</i>					
1	Bentley Underwriting Manual-Rates		New		12/28/2012 By: Sameer Malhotra

**Conclusion:**

Sincerely,  
Sameer Malhotra

State:	Illinois	Filing Company:	Torus National Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
Product Name:	Medical Professional Liability		
Project Name/Number:	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/30/2013
Submitted Date	01/30/2013

Dear Gayle Neuman,

### Introduction:

Please see the below response.

### Response 1

#### Comments:

Ms. Neuman,

Torus National Insurance Company is in receipt of your letter dated January 2, 2013. In response to your comments, we offer the following;

1. Torus National Insurance Company currently reports our data to Insurance Services Office (ISO), and will do so with the data from this Program.
2. We have altered the section in question to read, Requests by the Insured to extend a policy will be subject to underwriter discretion, and the aggregate limit of liability will be extended not reinstated. Of course, any non-renewal based policy extensions will be transacted in accordance with Illinois law. Please see the attached revision.
3. We respectfully request that you reconsider your position regarding Section U. Large Account Rating Rule. Please be advised that this section has been approved by the Illinois Department of Insurance in prior filings of the manual for this program. Further, we are not aware of any current or prospective policyholders that meet the Large Account criteria, however we would like this section available in the event that such occurs.
4. Please note that the RF-3 Summary Sheet was submitted in error. This is a new program for Torus National Insurance Company. The \$4,000,000 figure listed on the RF-3 represents our projected annual writings for this program.

### Changed Items:

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

Supporting Document Schedule Item Changes	
<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	Not Required
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	RF-3 TNIC Filing.pdf

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	1 25 12 Bentley Underwriting Manual-Rates		New		01/30/2013 By: Sameer Malhotra
<i>Previous Version</i>					
1	Bentley Underwriting Manual-Rates		New		12/28/2012 By: Sameer Malhotra

**Conclusion:**

Sincerely,  
Sameer Malhotra

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Reviewer

**Created By:**

Sameer Malhotra on 06/25/2013 09:18 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Effective Date January 1, 2013

**Comments:**

Please be advised that this filing was implemented on January 1, 2013. Accordingly, we respectfully request that the effective date be indicated with that date.

Thank you.

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Filer

**Created By:**

Gayle Neuman on 06/20/2013 08:01 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

effective date

**Comments:**

The Department of Insurance has completed its review of this filing. Torus National had requested the filing be effective January 1, 2013. Was the filing put in effect on January 1, 2013 or do you wish to have a different effective date? Your prompt response is appreciated.



---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Filer

**Created By:**

Gayle Neuman on 03/04/2013 08:23 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

extension

**Comments:**

I will extend the due date to March 19, 2013.

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

## Note To Reviewer

**Created By:**

Sameer Malhotra on 03/04/2013 12:25 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Request for Extension of Time to respond to Objections

**Comments:**

Dear Reviewer,

We are working diligently to respond to the objection received on this filing, and here by request you to please give an extension for 15 days to respond.

Regards,  
Sameer

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Filer

**Created By:**

Gayle Neuman on 02/06/2013 07:36 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

extension

**Comments:**

I will extend the due date to 2/21/13.

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

## Note To Reviewer

**Created By:**

Sameer Malhotra on 02/06/2013 04:18 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Request for Extension of Time to respond to Objections

**Comments:**

Dear Reviewer,

We are working diligently to respond to the notice received on this filing, and here by request you to please give an extension for 15 days to respond.

Regards,  
Sameer

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Filer

**Created By:**

Gayle Neuman on 01/24/2013 07:45 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

extension

**Comments:**

I will extend the due date to January 30, 2013.

---

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

## Note To Reviewer

**Created By:**

Sameer Malhotra on 01/24/2013 07:01 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Request for Extension of Time to respond to Objections

**Comments:**

We are working diligently to respond to the notice received on this filing, and here by request you to please give a extension for 15 days to respond .

Regards,  
Sameer

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Filer

**Created By:**

Gayle Neuman on 01/15/2013 08:49 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

extension

**Comments:**

I will extend the due date to January 23, 2013.

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Note To Reviewer

**Created By:**

Sameer Malhotra on 01/15/2013 12:47 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Request for Extension of Time to respond to Objections

**Comments:**

Dear Examiner,

We are working diligently to respond to the notice received on this filing, and here by request you to please give a extension for a week (January 23, 2013) to respond .

Regards,  
Sameer



---

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Reviewer Note

**Created By:**

Caryn Carmean on 06/17/2013 01:56 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

Actuarial Review Completed

**Comments:**

No concerns

---

**State:** *Illinois* **Filing Company:** *Torus National Insurance Company*  
**TOI/Sub-TOI:** *11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons*  
**Product Name:** *Medical Professional Liability*  
**Project Name/Number:** *Physician and Surgeon Professional Liability Program/TN-MPL-CW-001*

## Reviewer Note

**Created By:**

Gayle Neuman on 03/14/2013 01:34 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/25/2013 10:05 AM

**Subject:**

rpg

**Comments:**

see attachment

**State:** Illinois **Filing Company:** Torus National Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons  
**Product Name:** Medical Professional Liability  
**Project Name/Number:** Physician and Surgeon Professional Liability Program/TN-MPL-CW-001

***Attachment FW Torus National Ins Co.htm is not a PDF document and cannot be reproduced here.***

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Neutral

**Overall Percentage of Last Rate Revision:** 0.000%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:** 0

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Torus National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		2 21 13 Bentley Underwriting Manual-Rates		New		2 21 13 Bentley Underwriting Manual-Rates.pdf

# **Medical Professional Liability Underwriting Manual**

**For the  
Torus National Insurance Company  
("Torus")**

**Medical Professional Liability  
Insurance Program**

**01-01-2013**

# Medical Professional Liability Underwriting Manual

## *Table of Contents*

	<b>Topic</b>	<b>Page</b>
<b>1</b>	<b>General Overview</b>	<b>4</b>
<b>2</b>	<b>Application Process</b>	<b>4</b>
	<b>A. General Rules</b>	<b>4</b>
	<b>B. File documentation – New Business</b>	<b>4</b>
	<b>C. File Documentation – Renewal Business</b>	<b>5</b>
	<b>D. File Documentation – Midterm Changes</b>	<b>5</b>
<b>3</b>	<b>Underwriting Guidelines and Rating Rules</b>	<b>6</b>
	<b>A. Eligible Healthcare Providers</b>	<b>6</b>
	<b>B. Limits of Liability</b>	<b>6</b>
	<b>C. Policy Period</b>	<b>6</b>
	<b>D. Territory</b>	<b>6</b>
	<b>E. Retroactive Coverage</b>	<b>6</b>
	<b>F. Claims Made Step Factors</b>	<b>7</b>
	<b>G. Cancellation and Nonrenewal</b>	<b>7</b>
	<b>H. Suspended Coverage</b>	<b>7</b>
	<b>I. Extended Reporting Period</b>	<b>8</b>
	<b>J. Corporation/Entity</b>	<b>9</b>
	<b>K. Part-time Physicians</b>	<b>9</b>
	<b>L. Locum Tenens</b>	<b>10</b>
	<b>M. New-to-private Practice</b>	<b>10</b>
	<b>N. Teaching Physicians</b>	<b>10</b>
	<b>O. Physicians in Training</b>	<b>11</b>
	<b>P. Miscellaneous Medical Entities/Facilities</b>	<b>11</b>
	<b>Q. Location of Practice</b>	<b>11</b>
	<b>R. Loss Free Credit</b>	<b>11</b>
	<b>S. Risk Management Credit</b>	<b>12</b>

	<b>T. Group Size Discount</b>	<b>12</b>
	<b>U. Schedule Rating</b>	<b>13</b>
	<b>V. Quarterly Premium Installment Option</b>	<b>13</b>
	<b>W. Slot/FTE Coverage</b>	<b>13</b>
	<b>X. Broad Form Defense Optional Coverage</b>	<b>14</b>
<b>4</b>	<b>Premium Calculation and Rates</b>	<b>15</b>
	<b>A. Premium Calculation</b>	<b>15</b>
	<b>B. Physician Risk Notations</b>	<b>15</b>
	<b>C. Physicians Classification Plan and Rates</b>	<b>17</b>
	<b>Territory 1:</b>	<b>17</b>
	<b>Territory 2:</b>	<b>19</b>
	<b>Territory 3:</b>	<b>21</b>
	<b>Territory 4:</b>	<b>22</b>
	<b>Territory 5:</b>	<b>24</b>
	<b>D. Ancillary Personnel classifications and Rates</b>	<b>27</b>
	<b>Territory 1:</b>	<b>27</b>
	<b>Territory 2:</b>	<b>27</b>
	<b>Territory 3:</b>	<b>28</b>
	<b>Territory 4:</b>	<b>28</b>
	<b>Territory 5:</b>	<b>28</b>
	<b>E. Territory Definitions and Factors</b>	<b>29</b>
	<b>F. Decreased/Increased Limits Factors</b>	<b>29</b>



## **1. GENERAL OVERVIEW**

This program is limited to healthcare providers licensed in and who primarily practice in the State of Illinois.

This Company underwriting manual provides the guidelines used by all approved underwriters. The manual rates and rules are limited to claims made medical professional liability insurance for healthcare providers, their employees and corporate entities. Any coverages outside those covered in this manual are ineligible for this program.

Insureds will receive their own individual policies or will be listed as additional insureds on a master "clinic" policy that may cover a group practice. Each healthcare provider insured will receive \$1,000,000/\$3,000,000 or \$500,000/\$1,500,000 each and every limits. Loss adjustment expenses, such as legal fees, are outside (in addition to) the limits of liability.

Torus has entered into a marketing arrangement with RPS HEALTHCARE, an experienced wholesale insurance broker located in Chicago, IL. RPS HEALTHCARE will be responsible for appointing retail agents to solicit eligible applicants, receive and evaluate eligible applicants and bind eligible applicants to the company. . RPS HEALTHCARE may not interpret the policy coverage other than as stated within the guidelines. These guidelines delineate the rules that apply to the underwriting process.

## **2. APPLICATION PROCESS**

All applications must be reviewed by an underwriter for accuracy and completeness. Premium indications for new business may be released based on applications from other companies. However, in order to bind coverage with the Company, a signed and dated original application must be on file prior to binding.

### **A. General Rules**

1. All applications must be completed in their entirety and signed and dated, in ink, by the applicant. Applications, dated more than 60 days in advance of the policy effective date, will need to be updated within 30 days of the policy effective date using a "No Known Claims" affidavit.
2. Any discrepancies between the information on the application and other supplemental material must be reconciled and the underwriting file properly documented.
3. All correspondence and applications must be date-stamped.
4. Any information obtained via telephone must be documented in the underwriting file with the date and underwriter's initials.
5. Applications are not to be altered in any way. Clarifying or additional information should be documented on a separate sheet of paper, dated, showing the name of the person from whom the underwriter obtained the information and initialed by the underwriter.
6. A "No Known Claims" affidavit must be included with applications from healthcare providers previously insured with a company rated "B" or lower from A. M. Best's, regardless whether retroactive coverage is requested or not. Other rating agencies are not an acceptable substitution for A.M. Best's.
7. A "No Known Claims" affidavit must be included with applications from healthcare providers requesting limits of liability greater than their immediate past insurer.

### **B. File Documentation: New Business**

1. A completed, signed and dated application for medical malpractice insurance.
2. Detailed claim information from the prior medical malpractice insurance company(s) for the immediate prior 5 (five) years, valued within 90 days of proposed effective date. The claim report should include, if available, incidents and claims, indemnity payments and reserves and expenses, claim(s) made date, notice date, and description of loss. Claims or incidents closed

- without payment should also be included.
3. Premium rating worksheet, showing modifications and justifications for credits/debits.
  4. Declarations page from immediate prior insurer, clearly showing effective and expiration date, retroactive date, limits of liability, medical specialty, and Insurance Services Office (ISO) code (if available). Any manuscript endorsements from prior company, which alter standard coverage.
  5. Written request by the insured to bind coverage.
  6. Correspondence.
  7. Quote letter as may be necessary and/or applicable.
  8. Any additional information as may be requested or required by the underwriter to fully evaluate the risk.

### **C. File Documentation: Renewal Business**

**Renewal applications are minimally required every three years. However, at the underwriter's discretion, a renewal application may be requested more often. With or without a current renewal application, the following is required for proper documentation of all renewal requests/files.**

1. Evidence of renewal request.
2. Claim report update, including prior carriers, and current claims and incidents from the company, valued within 90 days prior to effective date.
3. Premium rating worksheet, as necessary, showing modifications and justifications for any applied credits/debits.
4. The company form of renewal coverage, including forms list, list of endorsements, and copies of manuscript endorsements.
5. Correspondence.
6. Quote letter, as may be necessary and applicable.
7. Written request from insured to bind coverage.

### **D. File Documentation: Midterm Changes**

1. All endorsements should be sequentially numbered.
2. All reductions or deletions of coverage must be in writing, from the insured, and dated and signed by the insured prior to the **effective date** of the proposed reduction or deletion.
3. All requests for limits of liability changes, up or down, must include a "No Known Claims" affidavit.
4. Midterm limits changes are strongly discouraged and not allowed within 90 days of policy expiration.
5. The underwriter, in accordance with the guidelines set forth herein, may handle all other requests for midterm changes.

### **3. UNDERWRITING GUIDELINES AND RATING RULES**

#### **A. Eligible Healthcare Providers**

- Must hold a valid, temporary or permanent, license to practice medicine in the state of IL.
- 75% or more of the healthcare provider's practice must be in the state of IL. If the healthcare provider also practices in a contiguous state to IL, eligibility will be determined on an exception basis.
- Favorable loss history, meaning no more than three reported incidents in the immediate preceding five years; no more than one paid claim in the immediate preceding five years. (An incident is defined as a reported event with a reserve of less than \$10,000.)
- Board certified or eligible preferred (if applicable).
- Foreign or international medical school graduates must have passed FLEX or ECFMG or be Fifth Pathway certified.
- The physicians should have unrestricted admitting privileges at an Illinois hospital
- No OB practice, whether incidental or not.
- No emergency medicine practice, except for rotation as a requirement for unrestricted admitting privileges.
- **ANY DEVIATION FROM THE FOREGOING ELIGIBILITY REQUIREMENTS REQUIRES THE EXPRESS WRITTEN APPROVAL OF AN OFFICER OF TORUS.**

#### **B. Limits of Liability**

- \$1,000,000 per claim/\$3,000,000 aggregate per physician and PC (if applicable).
- \$1,000,000 per claim/\$3,000,000 aggregate per corporate entity if a group elects to purchase a separate limit of liability for the corporate entity.
- \$1,000,000 per claim/\$3,000,000 aggregate per specified allied healthcare providers if they elect to carry separate limits of liability.
- Limits of \$500,000/\$1,500,000 are available on an exception basis.

#### **C. Policy Period**

- Policies will be written for a twelve-month period beginning with the policy effective date and ending at the policy expiration date.
- Insureds being added to clinic policies may have an individual effective date within the policy period that differs from the master policy but their expiration date will always be concurrent with the master policy expiration date.
- **Extending a policy:** Requests by the Insured to extend a policy will be subject to underwriter discretion, and the aggregate limit of liability will be extended not reinstated. Any non-renewal based policy extensions will be transacted in accordance with Illinois law.

#### **D. Territory**

- To determine appropriate territory, the healthcare provider will be rated to the highest territorial location where he or she practices more than 25% of the time. Practice location is defined as the primary office location for office-based practitioners and hospital location for hospital-based practitioners.

#### **E. Retroactive Coverage**

- Retroactive coverage may not be offered over uninsured periods or over prior occurrence coverage. Retroactive coverage may only be offered when the following conditions are met:

- There is continuous claims made coverage from the proposed retroactive date to the proposed effective date of coverage with the company.
- Limits of liability for the retroactive period cannot be greater than the limits of liability for the active, current policy.
- The prior company over which retroactive coverage is being provided must be rated B or better by *A. M. Best's*. If the prior company is unrated by *A. M. Best's*, the applicant must be referred to Torus management for approval.
- The prior company cannot be financially impaired or insolvent.

## **F. Claims Made Step Factors**

- Year 1 = 25% of Year 5 manual rate
- Year 2 = 50% of Year 5 manual rate
- Year 3 = 78% of Year 5 manual rate
- Year 4 = 95% of Year 5 manual rate
- Year 5 = 100% of Year 5 manual rate
- Rates will be blended for rating purposes when claims made coverage has been provided for risks that do not have a retroactive date that is equal to the effective date of coverage and are not mature (i.e. Between step levels).

## **G. Cancellation/Nonrenewal**

- Requests by an insured for cancellation must be in writing, show the effective date of cancellation, and provide a reason.
- A properly executed lost policy release or the original form of coverage should be included in the underwriting file.
- A copy of the letter offering extended reporting coverage, if applicable, must be included in the underwriting file.
- In general, backdating of cancellations is not allowed.
- An insured may request a cancellation at any time.
- RPS Healthcare with concurrence from Torus may only cancel or nonrenew insureds for specific reasons.
- Any return premium will be developed based on a pro rata basis less 10% when the insured requests cancellation for any reason except death, disability or retirement or the insured's policy is cancelled and rewritten as a new policy by the company.
- If the company nonrenews or cancels the insured's policy, any return premium will be developed on a pro rata basis.

## **H. Suspended Coverage**

- A healthcare provider who becomes continuously disabled or takes a leave of absence for a period of 45 days or more will be eligible for restricted coverage at a reduced rate – 25% of the applicable full-time rate for the healthcare provider's specialty.
- This rate will be applied retroactively to the first day of disability or leave of absence and continue until the physician returns to active practice.
- The disability or leave of absence must be continuous and last no more than one calendar year.
- At the end of the calendar year, the healthcare provider must terminate his or her policy. ERP will be offered at the rates in effect at the terminating policy's effective date. If the policy effective date is not concurrent with the effective date of the healthcare provider's disability or leave of absence, the reduced rate will be adjusted, if applicable, at the policy renewal.

## **I. Extended Reporting Period**

- If a healthcare provider terminates coverage, he/she may be eligible to receive "free" or purchase extended reporting period (ERP) coverage, provided the conditions of the Torus coverage are met. Once those conditions are met, a cancellation endorsement must be issued to the healthcare provider. The healthcare provider must request ERP coverage in writing. A copy of the insured's request and the cancellation endorsement must be included in the underwriting file.
- Upon payment of additional policy premium and/or ERP premium, as applicable, and issuance of the cancellation endorsement, the ERP endorsement may be issued.
- There is no additional premium charge for ERP coverage if the following conditions are met:
  - The healthcare provider dies (provide a copy of the death certificate).
  - The healthcare provider becomes totally disabled (provide a copy of the treating physician's letter delineating the disability). Total disability is defined as the inability to perform any of the healthcare provider's day-to-day tasks as healthcare provider and this disability is expected to continue indefinitely.
  - The healthcare provider completely retires from the practice of medicine for remuneration after having been continuously insured with Torus (or its predecessor) for the immediate preceding five (5) years.
    - Retirement means the permanent conclusion of and complete withdrawal from one's working or professional career as a physician.
    - A credit toward the purchase of the reporting endorsement is computed as follows:
      - ❑ One-sixtieth (1/60) of the premium for each consecutive full month the physician has had coverage with Torus for up to a total credit of 100%, regardless of the physician's age at retirement.
      - ❑ Coverage with previous claims made carriers may be substituted in lieu of Torus's coverage so long as the health care provider is insured with Torus for at least one year prior to requesting the reporting endorsement.
      - ❑ Waiver of the full premium for a reporting endorsement based on retirement will be granted only once to a health care provider.
- The following extended reporting factors are used in determining the ERP premium. All rating factors applicable during the ERP rating period will be considered when the ERP premium is calculated (i.e. medical specialties, territory, limits).

Years of Retroactive Coverage	ERP Factors
1	3.306
2	3.153
3	2.401
4	2.196
5 or more	2.18

- If coverage with a retroactive date of less than six months to the termination date has been afforded, the premium for the ERP coverage will be developed per the above factors and a prorate factor will be applied.
- Premium can be paid over a three year period. 50% of the total premium will be due during the first year, 30% during the second year and 20% the third year. Semi annual installments will be offered. A 2.4% finance charge will be applicable to each installment.

## **J. Corporation/Entity**

- A separate limit of liability is available to the PC, SC or LLC. Bona fide miscellaneous employees share in this limit.
- The charge for a separate \$1,000,000/\$3,000,000 limit for the corporation is 10% of the adjusted premium for the five (5) highest rated healthcare providers in the PC. Should the entity have fewer than five but more than one healthcare provider, the charge for such separate limit shall be 10% of the sum of adjusted premium for all healthcare providers.
- The charge for the corporation to share in the healthcare providers' limits and NOT provide a separate limit of liability to the PC is 5% of the adjusted premium for the five highest rated healthcare providers in the PC.
- A separate corporation limit is not available to solo practitioners. There is no additional premium charge to allow the corporation to share in the solo practitioners limits of liability if approved in the underwriting process.

## **K. Part-Time Physicians**

The following part-time categories may be applicable to the individual physician if the criteria are met by the physician.

1. The individual physician is "retired, not in practice:"
  - Coverage is limited to the occasional treatment of friends and relatives without remuneration.
  - The premium shall be 20% of the rate applicable to the lowest specialty designation based on the individual physician's territory, limits and maturity year. The original policy must be written retroactive date inception.
  - A part-time application is required.
2. The criteria for part-time consideration for all other physicians are as follows.
  - Part-time rates are available to healthcare providers who work on average 21 hours or fewer per week.
  - Average weekly practice time as determined by the insured's written representation of hours per week is defined as and includes:
    - Completion of patient medical records;
    - Consultations;
    - All clinical patient care, including hospital rounds; or
    - Time in the hospital.
  - The healthcare provider must authorize Torus to receive a copy of his/or her schedule for all facilities/locations where they may practice.
  - The part-time rate is 60% of the applicable full-time rate for the healthcare provider's specialty.
  - **NOTE:** Healthcare providers may not apply for part-time status and simultaneously request cancellation of their coverage. If the physician terminates the policy within six (6) months of a reduction to part-time, the reporting endorsement premium calculation shall be made at the standard full -time premium previously in effect.
3. "Free Medical Clinic" Coverage
  - Individual physicians whose sole insurable practice is rendering medical professional services in a "Free Medical Clinic" for no remuneration may be eligible for an annual rate of \$100.00 for limits of \$1 million/\$3 million, regardless of step, territory, or specialty. The premium is flat and cannot be lowered for any reason.

- The physician cannot reduce this specialty from any other rating specialty in this manual.
- No retroactive coverage is afforded for the physician rendering medical professional services outside of a "Free Medical Clinic."
- Upon termination of the policy, the physician will be eligible for extended reporting coverage at no additional charge for this policy. The physician must request extended reporting coverage per our rules in this manual.

## **L. Locum Tenens**

- Physicians providing locum tenens coverage to insured physicians are automatically covered at no additional charge provided that:
  - They share in the insured physician's limit of liability.
  - The period of coverage does not exceed 30 continuous days or 60 total days in any given rolling twelve months.
  - The locum tenens physician coverage will be limited to the coverage and restrictions, if any, as enjoyed by the insured physician. The locum tenens physician should be the same specialty as the insured physician. E.g., Family practice for family practice, pediatrician for pediatrician, etc.
  - The underwriting file should reflect prior approval of all locum tenens physicians' requests, including dates of coverage, name, specialty, address, phone number, and license number of the locum tenens physician.
- There is no additional premium charge.
- A "short form" locum tenens application must be submitted prior to beginning work.

## **M. Physicians New-to-Private Practice**

- Physicians who have completed one of the following programs within six (6) months prior to policy inception and are either joining a group practice or opening a private practice may qualify for the new-to-private practice credit. The programs include: residency, fellowship program in his/her specialty, or fulfillment of a military obligation in return for payment of medical school tuition.
- The credit applies for four (4) consecutive years\* from policy inception.

First Year New Physician Discount	50%
Second/Third Year Physician Discount	25%
Fourth Year Physician Discount	5%

\*The credit may apply to the second, third or fourth years independently of the first year credit.

## **N. Teaching Physicians**

To recognize the reduced exposure associated with those physicians who are away from their actual private medical practice while teaching, a reduced rate will be charged based on the following:

<b>Weekly Practice/Patient Contact Limited to:</b>	
Less than 8 hours per week	(65% discount)
8 – 21 hours per week	(40% discount)
22 hours or more per week	(0% discount)

## **O. Physicians in Training**

Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:

- Residency Program – Various lengths of time depending upon medical specialty; 3 years average. Following the first year of residency, physicians are generally licensed MD's. Upon completion of residency program, the physician becomes board eligible.
- Preceptorship – A preceptee is a non-licensed medical student or licensed physician continuing their education. A licensed physician preceptee shall, for rating purposes, be considered as a part-time physician and added to the insured physician's policy.
- Fellowship Program – Follows completion of residency program and is a higher level of training.

The rating basis is as follows:

Residency Program	(50% discount)
Preceptee – licensed physician	(40% discount)
Preceptee – non-licensed medical student	(65% discount)
Fellowship	(0% discount)

## **P. Miscellaneous Medical Entities/Facilities**

Medical Laboratories may be added to a policy per the following:

- a. At no additional charge if such laboratory is not a separate entity. Coverage is limited to the testing of the insured's own patients.
- b. At a premium charge of 25% of the at-limits Family Practitioner – No surgery rate. The laboratory will be included as an additional insured, if such laboratory is a separate entity. Coverage is limited to laboratories owned and operated by the Named Insured for the testing of the Named Insured's own patients.
- c. Freestanding urgent care centers, surgi-centers and dialysis centers may be added to the Named Insured's policy on a per procedure basis per the rates shown on the rate pages.

## **Q. Location of Practice**

The rates shown in this manual contemplate the exposure being derived from professional services being provided in Illinois. Should a healthcare provider derive more than 25% of his or her practice hours from a state other than Illinois, then the healthcare provider's out-of-state exposure will not be covered by this insurance.

If the healthcare provider has multiple practice locations in more than one (1) territory in Illinois, they will be rated to the highest territorial location where he or she practices a majority (more than 25%) of their time. Practice location is defined as the primary office address for office-based practitioners and hospital(s) for hospital-based practitioners.

## **R. Loss Free Credit**

- Individual physician insureds may qualify for loss free credits based on the following criteria:
  - The individual physician insured must have been insured on a continuous claims made basis for the immediate preceding three (3) years; and



- The individual physician insured must have no open claims with a reserve indemnity value of \$10,000 or more or no paid indemnity claims during the experience period.

<b>Experience Period</b>	<b>Credit</b>
3 - 5 years	5%
6 -10 years	10%
11 - 15 years	20%
16 years +	25%

- Proof of loss free status must be submitted to the underwriter from the applicant's prior insurance company.

### **S. Risk Management Credit**

Physician, surgeon and podiatrist insureds may individually qualify for additional credit to their individual premiums based on the following criteria:

- Completion of a company sponsored or accredited risk management course (e.g., seminars, on-line self-study programs).
- Validation of passing score.
- A maximum 15% discount may be earned during a calendar year.
- The discount will be applied at the insured's next policy anniversary.

### **T. Group Size Discount**

The following group size discount is based solely on the size of each individual group insured with Torus. It applies to fulltime and part-time physicians, surgeons and podiatrists. Ancillary personnel are excluded. Eligibility is evaluated annually at policy renewal. No mid-term changes are allowed.

<b>Group Size</b>	<b>% Discount</b>
5 to 9	5.0%
10 to 14	10.0%
15 to 20	12.5%
21 to 25	15.0%
26 to 30	17.5%
31 or more	20.0%

### **U. Schedule Rating**

Healthcare providers may qualify for additional rate deviations, up or down. To qualify, the applicant must:

1. Be permanently licensed in Illinois; and
2. Primarily practice in Illinois; and
3. Maintain an Illinois address as the primary office location.

The following credits and debits are available to the physician, in addition to any automatic credits or debits described elsewhere in this section.

<b>Exposure Condition</b>	<b>Credit</b>	<b>Debit</b>
Qualifications / Training / Continuing Education, including: <ul style="list-style-type: none"> <li>• Board Eligibility or Board Certification</li> <li>• Hospital Affiliations or Staff Privileges</li> <li>• Experience in Specialty</li> <li>• Accreditation</li> </ul>	7.5%	7.5%
Specialty Balance, Practice Patterns including patient load and support staff	8%	8%
Loss Experience	N/A	5-25%
Employee selection, supervision, training, and experience	5%	5%
Professional Association Membership(s)	5-10%	N/A
Unusual Risk Characteristics	15%	15%
Pain Management	N/A	5-25%
Premises Condition, care	5%	5%

The maximum schedule credit allowable is 25%. The maximum schedule debit is 25%. The schedule rating plan will be adjusted annually at the insured's anniversary.

## **V. Quarterly Premium Installment Option**

Torus offers a "quarterly" payment plan with no additional interest fee and no installment fee. This option does not apply to extended reporting coverage. 25% of the premium should be submitted when the policy is bound/renewed and 3 equal installments will be due at the 4th, 7th and 10th months. All policyholders will be offered the quarterly option. Additional premiums due as a result of endorsement activity will be spread equally among the remaining unbilled installments. If there are no remaining installments then the additional premium will be billed and due within 30 days.

## **W. Slot/FTE Rating Option**

Rating for certain physician groups may be written on a full-time equivalent basis. This is at Torus's option. Under this method, policies will be issued to cover positions or practice locations rather than specific individuals. The FTE/Slot rate will be determined based on the filed and approved rate for the classification of the healthcare provider, but will be allocated based on the average number of patient encounters / visits in a 12 month period. One FTE/slot is defined as follows:

Emergency Medicine	5,500 ER visits/year
Outpatient (fast track) Clinic	10,000 outpatient clinic visits/year
Urgent care clinics	9,000 per patient encounters

In the event a position/slot is eliminated, the named insured shall purchase a reporting endorsement for that position. Company applications for these healthcare providers must be submitted and approved by the Company prior to the requested start date.

## **X. Investigation Defense Coverage**

The Company provides an optional coverage which provides additional defense (not indemnification) coverage for investigations launched against a practitioner's license and allegations of Medicare/Medicaid billing fraud or abuse. The standard policy includes "Basic" coverage as outlined below and the optional

coverage can be purchased so that the scope of the coverage in these two areas is broadened. Extended and Medefense coverages must be purchased together. The total charge will be \$415.00 per the schedule below:

<b>Coverage</b>	<b>Investigation conducted by:</b>	<b>Investigation related to</b>
BASIC	State Licensing Agency; OSHA; EEOC	claims covered under the professional liability policy
EXTENDED	State Licensing Agency; OSHA; EEOC	incidents not covered under the professional liability policy
MEDEFENSE	State Dept of Health; Federal Dept of Health & Human Services; US Dept of Justice	Medicare / Medicaid fraud or abuse; or Performance of medical services in excess or violation of guidelines for appropriate utilization

<b>Coverage</b>	<b>Limit per Physician</b>	<b>Deductible</b>	<b>Premium per Physician</b>
BASIC	\$25,000 per claim \$75,000 aggregate	None	included in professional liability premium
EXTENDED	No separate limit; included in BASIC coverage limit	None	Included in Medefense premium
MEDEFENSE	\$25,000 per claim Included in \$75,000 aggregate above	\$1,000	\$415.00.

The incident causing the investigation must have occurred after the policy retroactive date, and the investigation must have commenced after the date that the optional coverage was added to the policy..

The Group Maximum Legal Expense for Medefense coverage is determined based on the size of the group.

<i>Group Size</i>	<b>Group Annual Aggregate</b>
2 - 4	\$50,000
5 - 9	\$100,000
10 - 25	\$150,000
26 +	\$250,000

## **4. PREMIUM CALCULATION AND RATES**

### **A. Premium Calculation**

Subject to the policy writing minimum premium of \$500.00 and the rating rules delineated elsewhere, the following steps shall apply to the manual calculation of premiums.

#### **1. Each Healthcare Provider**

- a. Determine the appropriate specialty classification.
- b. Determine where the healthcare provider practices a majority of their time (territory).
- c. Determine the appropriate step factor. (Rates will be "blended" for risks that are between step levels.
- d. Multiply the manual \$1,000,000/\$3,000,000 rate for the healthcare provider (physician's or ancillary personnel's specialty classification by territory) by the step factor.
- e. Multiply the result of d above by the increased or decreased limits factor, if applicable.
- f. Multiply e. above by any automatic credits, which may be available: Leave of absence, part-time, teaching, physicians new-to-private practice, and loss free credits. Note: any combination of leave of absence, part-time, teaching, loss free, group size or new-to-private practice credits cannot exceed 75% off manual (d above).
- g. Multiply f above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- h. If applicable, calculate the change in scope of practice/rating class surcharge and add it to g. above.
- i. Round result to the nearest whole dollar.

#### **2. Miscellaneous Medical Entities/Facilities**

If there is a medical laboratory (80715) for which a charge should be made:

- a. Determine the family practice (80239) \$1,000,000/\$3,000,000 specialty rate by territory at the appropriate step factor.
- b. Multiply a above by the increased or decreased limits factor, if appropriate.
- c. Multiply b above by 25%.
- d. Round to the nearest whole dollar.

#### **3. Corporation, Partnership, or Professional Association (80999)**

- a. Add all premium charges developed for the five (5) highest rated eligible named insureds.
- b. Multiply the result of a above by 10% or 5%, as appropriate per rating rules for the five (5) highest rated eligible named insureds in the group.
- c. Multiply b above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- d. Round to the nearest whole dollar.

#### **4. Final Annual Premium**

The final premium is determined by adding 1 + 2 + 3.

### **B. Physician Risk Notations**

#### **• No Surgery (NS)**

The physician does not perform any surgery or obstetrical procedures. Incising of boils and superficial fascia, suturing minor lacerations, removal of superficial skin lesions by other than surgical excision and assisting in surgery of the physician's own patients are not considered surgery.

- **Minor Risk Procedures (MRP)**

Performance of minor risk procedures increases the premium charge. Physicians who are general/family practitioners or other specialists, excluding surgeons and anesthesiologists, whose practice comprises more than 25% of the following procedures will be rated according to the highest classification that most closely approximates their practice.

Assisting in surgery on patients other than the physician's own patients

Angiography/arteriography, catheterization-transarterial or transvenous (other than arterial line in a peripheral vessel), cardiac or other diagnostic catheterization (other than Swan-Ganz, umbilical cord or urethral catheterization) – including insertion of a cardiac pacemaker, whether temporary or permanent, cervical conization, diagnostic or therapeutic dilation and curettage, fallopian tube recanalization, insertion of IUD, insertion of Palmez Balloon Expandable Stent, interstitial hyperthermia, interventional radiology such as embolization (including extracranial), percutaneous transluminal angioplasty, percutaneous nephrostomy and other drainage procedures, intracoronary streptokinase infusion, lymphangiography, myocardial biopsy, obstetrical vacuum cup, ophthalmic surgery (including surgery for glaucoma, cataract, retinal detachment, removal of benign tumors, chalazions, skin cancer from the eye lid, strabismus surgery), percutaneous therapeutic angioplasty, pericardiocentesis, pneumoencephalography, therapeutic radiology, deep (includes radium implants), ultrasound hyperthermia (superficial only), either prenatal (which may include amniocentesis) and postpartum only, and/or cephal vaginal deliveries performed in a hospital which may also include episiotomy and application of low forceps only.

- **Major Risk Procedures (MaRP)**

Performance of major risk procedures by a family or general practitioner or other similarly rated specialist increases the premium charge provided that these activities do not represent more than 25% of the physician's practice, except as noted below. If the physician's practice comprises more than 25% of these procedures, the physician will be rated to the highest classification, which generally performs such procedures on a regular and customary basis.

Obstetrical procedures (up to 24 such procedures per year): Cesarean section, mid-forceps delivery, version and extraction, breech extraction, vaginal birth after C-section (VBAC).

Orthopaedic procedures: Closed reduction of dislocations other than fingers, toes and shoulders, open reduction of fractures or dislocations, amputations (other than digits), any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or sub adjacent organs due to the fracture, any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or sub adjacent organs due to the fracture, or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

Abortions: Induced, non-spontaneous.

Other major surgery: Procedures generally attributable to specialists of obstetrics and gynecology, orthopaedic, general, cardiac, vascular, plastic, etc.

Otorhinolaryngology: Performance of elective cosmetic surgery on the head or neck increases the premium charge.

General surgeons: Performance of major risk procedures, as outlined above, generally attributable to other surgical specialists will not increase the premium charge provided these activities do not exceed 25% of the general surgeon's practice. The physician will be rated similarly to the specialty, which generally performs such procedures on a regular and customary basis where the activities exceed 25%.

### C. Physicians Classification Plan and Rates

When two or more classifications apply to a physician, assign the highest classification to the physician's specialty, defined as the specialty where he/she practices more than 25% of his/her time.

If the physician is an osteopath, the first two digits of the ISO code shall be "84" followed by the next three digits used for allopaths (MDs). For example, family practice 80420 would be 84420 for a family practitioner who is an osteopath.

#### \$1,000,000/\$3,000,000 Rates Effective 01-01-2011

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	3,620	7,240	11,294	13,756	14,480
Anesthesiology	Y80151	8,887	17,774	27,728	33,771	35,548
Anesthesiology-Pain Management	P80151	8,887	17,774	27,728	33,771	35,548
Bariatrics	280242	7,265	14,530	22,667	27,607	29,060
Cardiovascular Disease- Minor Surgery	80281	10,505	21,010	32,776	39,919	42,020
Cardiovascular Disease-No Surgery	80255	8,073	16,146	25,188	30,677	32,292
Dermatology-Minor Surgery	80282	4,835	9,670	15,085	18,373	19,340
Dermatology-No Surgery	80256	4,835	9,670	15,085	18,373	19,340
Diabetes- No Surgery	80237	7,265	14,530	22,667	27,607	29,060
Endocrinology- No Surgery	80238	4,835	9,670	15,085	18,373	19,340
Family Practice- No Surgery	80239	7,265	14,530	22,667	27,607	29,060
Family Practice-Minor Surgery	80273	11,315	22,630	35,303	42,997	45,260
Family Practice-Not primarily Maj S	280273	15,773	31,546	49,211	59,937	63,091
Forensic or Legal Medicine	80240	3,620	7,240	11,294	13,756	14,480
Gastroenterology- No Surgery	80241	10,505	21,010	32,776	39,919	42,020
Gastroenterology-Minor Surgery	80274	10,505	21,010	32,776	39,919	42,020
General Practice- No Surgery	80242	7,265	14,530	22,667	27,607	29,060
General Practice-Minor Surgery	80275	11,315	22,630	35,303	42,997	45,260
General Preventive Medicine- No Surgery	80231	3,620	7,240	11,294	13,756	14,480
Geriatrics- Minor Surgery	80276	10,505	21,010	32,776	39,919	42,020
Geriatrics- No Surgery	80243	4,835	9,670	15,085	18,373	19,340
Gynecology- Minor Surgery	80277	13,340	26,680	41,621	50,692	53,360
Gynecology- No Surgery	80244	8,480	16,960	26,458	32,224	33,920
Hematology- No Surgery	80245	7,265	14,530	22,667	27,607	29,060
Hospitalist-Family/General Medicine	180814	7,265	14,530	22,667	27,607	29,060
Hospitalist-Internal Medicine	280814	8,480	16,960	26,458	32,224	33,920
Hospitalist-Pediatrics	380814	5,241	10,481	16,351	19,914	20,963
Infectious Diseases- No Surgery	80246	8,073	16,146	25,188	30,677	32,292
Intensivist	80283	12,550	25,101	39,157	47,692	50,202
Internal Medicine- Minor Surgery	80284	10,505	21,010	32,776	39,919	42,020
Internal Medicine- No Surgery	80257	8,480	16,960	26,458	32,224	33,920
Laryngology- Minor Surgery	80285	10,505	21,010	32,776	39,919	42,020

Laryngology- No Surgery	80258	3,620	7,240	11,294	13,756	14,480
Neonatology- Minor Surgery	300001	10,505	21,010	32,776	39,919	42,020
Neoplastic Diseases- No Surgery	80259	7,265	14,530	22,667	27,607	29,060
Nephrology- Minor Surgery	80287	9,290	18,580	28,985	35,302	37,160
Nephrology- No Surgery	80260	8,073	16,146	25,188	30,677	32,292
Neurology- No Surgery	80261	10,505	21,010	32,776	39,919	42,020
Nuclear Medicine	180262	7,265	14,530	22,667	27,607	29,060
Occupational Medicine	80233	3,620	7,240	11,294	13,756	14,480
Oncology- No Surgery	80473	7,265	14,530	22,667	27,607	29,060
Oncology - Radiation	280473	6,455	12,910	20,140	24,529	25,820
Ophthalmology- No Surgery	80263	4,835	9,670	15,085	18,373	19,340
Orthopaedics-MRP, NMajS	280154	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- Minor Surgery	80291	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- No Surgery	80265	3,620	7,240	11,294	13,756	14,480
Pathology- No Surgery	80266	4,835	9,670	15,085	18,373	19,340
Pediatrics- Minor Surgery	80293	10,505	21,010	32,776	39,919	42,020
Pediatrics- No Surgery	80267	5,241	10,481	16,351	19,914	20,963
Physiatry or Physical Medicine and Rehabilitation	80235	3,620	7,240	11,294	13,756	14,480
Physicians- not otherwise classified- minor surgery	80294	10,505	21,010	32,776	39,919	42,020
Physicians- not otherwise classified- no surgery	80268	8,480	16,960	26,458	32,224	33,920
Podiatry- Minor Surgery	180993	4,069	8,137	12,694	15,461	16,274
Podiatry- No Surgery	380993	2,780	5,559	8,672	10,562	11,118
Psychiatry	80249	4,835	9,670	15,085	18,373	19,340
Public Health	80236	3,620	7,240	11,294	13,756	14,480
Pulmonary Diseases- No Surgery	80269	9,290	18,580	28,985	35,302	37,160
Radiology- diagnostic- Minor Surgery	80280	10,505	21,010	32,776	39,919	42,020
Radiology- diagnostic- No surgery	80253	9,290	18,580	28,985	35,302	37,160
Rheumatology- No Surgery	80252	4,835	9,670	15,085	18,373	19,340
Sleep Medicine	280269	8,480	16,960	26,458	32,224	33,920
Surgery- Cardiac	80141	28,730	57,460	89,638	109,175	114,921
Surgery- Cardiovascular Disease	80150	28,730	57,460	89,638	109,175	114,921
Surgery- Colon and Rectal	80115	13,340	26,680	41,621	50,692	53,360
Surgery- General- Not Otherwise Classified	80143	22,250	44,500	69,420	84,550	89,000
Surgery- Gynecology	80167	14,960	29,920	46,675	56,848	59,840
Surgery- Hand	80169	14,960	29,920	46,675	56,848	59,840
Surgery- Head and Neck	80170	14,960	29,920	46,675	56,848	59,840
Surgery- Neonatology or Pediatrics	80474	22,250	44,500	69,420	84,550	89,000
Surgery- Neurology	80152	51,409	102,818	160,396	195,354	205,636
Surgery- Ophthalmology	80114	7,265	14,530	22,667	27,607	29,060
Surgery- Oral/Maxillofacial	80109	7,265	14,530	22,667	27,607	29,060
Surgery- Orthopedic	80154	33,589	67,178	104,798	127,639	134,356
Surgery- Orthopedic- without procedures on the back	N80154	23,871	47,742	74,478	90,711	95,485
Surgery- Otorhinolaryngology	80159	13,340	26,680	41,621	50,692	53,360

Surgery- Plastic- Not Otherwise Classified	80156	22,250	44,500	69,420	84,550	89,000
Surgery- Plastic- Otorhinolaryngology	80155	22,250	44,500	69,420	84,550	89,000
Surgery- Thoracic	80144	28,730	57,460	89,638	109,175	114,921
Surgery- Traumatic	80171	28,730	57,460	89,638	109,175	114,921
Surgery- Urological	80145	12,125	24,250	37,830	46,075	48,500
Surgery- Vascular	80146	28,730	57,460	89,638	109,175	114,921
Urgent Care Medicine	80424	8,480	16,960	26,458	32,224	33,920
Urology-Minor Surgery	280145	10,505	21,010	32,776	39,919	42,020

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	3,077	6,154	9,600	11,693	12,308
Anesthesiology	Y80151	7,554	15,108	23,568	28,705	30,216
Anesthesiology-Pain Management	P80151	7,554	15,108	23,568	28,705	30,216
Bariatrics	280242	6,175	12,350	19,267	23,466	24,701
Cardiovascular Disease- Minor Surgery	80281	8,929	17,859	27,859	33,931	35,717
Cardiovascular Disease-No Surgery	80255	6,862	13,724	21,409	26,076	27,448
Dermatology-Minor Surgery	80282	4,110	8,220	12,823	15,617	16,439
Dermatology-No Surgery	80256	4,110	8,220	12,823	15,617	16,439
Diabetes- No Surgery	80237	6,175	12,350	19,267	23,466	24,701
Endocrinology- No Surgery	80238	4,110	8,220	12,823	15,617	16,439
Family Practice- No Surgery	80239	6,175	12,350	19,267	23,466	24,701
Family Practice-Minor Surgery	80273	9,618	19,236	30,007	36,548	38,471
Family Practice-Not primarily Maj S	280273	13,407	26,814	41,829	50,946	53,628
Forensic or Legal Medicine	80240	3,077	6,154	9,600	11,693	12,308
Gastroenterology- No Surgery	80241	8,929	17,859	27,859	33,931	35,717
Gastroenterology-Minor Surgery	80274	8,929	17,859	27,859	33,931	35,717
General Practice- No Surgery	80242	6,175	12,350	19,267	23,466	24,701
General Practice-Minor Surgery	80275	9,618	19,236	30,007	36,548	38,471
General Preventive Medicine- No Surgery	80231	3,077	6,154	9,600	11,693	12,308
Geriatrics- Minor Surgery	80276	8,929	17,859	27,859	33,931	35,717
Geriatrics- No Surgery	80243	4,110	8,220	12,823	15,617	16,439
Gynecology- Minor Surgery	80277	11,339	22,678	35,378	43,088	45,356
Gynecology- No Surgery	80244	7,208	14,416	22,489	27,390	28,832
Hematology- No Surgery	80245	6,175	12,350	19,267	23,466	24,701
Hospitalist-Family/General Medicine	180814	6,175	12,350	19,267	23,466	24,701
Hospitalist-Internal Medicine	280814	7,208	14,416	22,489	27,390	28,832
Hospitalist-Pediatrics	380814	4,455	8,909	13,898	16,927	17,818
Infectious Diseases- No Surgery	80246	6,862	13,724	21,409	26,076	27,448
Intensivist	80283	10,668	21,336	33,284	40,538	42,671
Internal Medicine- Minor Surgery	80284	8,929	17,859	27,859	33,931	35,717
Internal Medicine- No Surgery	80257	7,208	14,416	22,489	27,390	28,832
Laryngology- Minor Surgery	80285	8,929	17,859	27,859	33,931	35,717
Laryngology- No Surgery	80258	3,077	6,154	9,600	11,693	12,308
Neonatology- Minor Surgery	300001	8,929	17,859	27,859	33,931	35,717
Neoplastic Diseases- No Surgery	80259	6,175	12,350	19,267	23,466	24,701
Nephrology- Minor Surgery	80287	7,897	15,793	24,637	30,007	31,586
Nephrology- No Surgery	80260	6,862	13,724	21,409	26,076	27,448
Neurology- No Surgery	80261	8,929	17,859	27,859	33,931	35,717



Nuclear Medicine	180262	6,175	12,350	19,267	23,466	24,701
Occupational Medicine	80233	3,077	6,154	9,600	11,693	12,308
Oncology- No Surgery	80473	6,175	12,350	19,267	23,466	24,701
Oncology - Radiation	280473	5,487	10,973	17,119	20,850	21,947
Ophthalmology- No Surgery	80263	4,110	8,220	12,823	15,617	16,439
Orthopaedics-MRP, NMajS	280154	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- Minor Surgery	80291	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- No Surgery	80265	3,077	6,154	9,600	11,693	12,308
Pathology- No Surgery	80266	4,110	8,220	12,823	15,617	16,439
Pediatrics- Minor Surgery	80293	8,929	17,859	27,859	33,931	35,717
Pediatrics- No Surgery	80267	4,455	8,909	13,898	16,927	17,818
Physiatry or Physical Medicine and Rehabilitation	80235	3,077	6,154	9,600	11,693	12,308
Physicians- not otherwise classified- minor surgery	80294	8,929	17,859	27,859	33,931	35,717
Physicians- not otherwise classified- no surgery	80268	7,208	14,416	22,489	27,390	28,832
Podiatry- Minor Surgery	180993	3,458	6,917	10,790	13,142	13,833
Podiatry- No Surgery	380993	2,363	4,725	7,371	8,978	9,451
Psychiatry	80249	4,110	8,220	12,823	15,617	16,439
Public Health	80236	3,077	6,154	9,600	11,693	12,308
Pulmonary Diseases- No Surgery	80269	7,897	15,793	24,637	30,007	31,586
Radiology- diagnostic- Minor Surgery	80280	8,929	17,859	27,859	33,931	35,717
Radiology- diagnostic- No surgery	80253	7,897	15,793	24,637	30,007	31,586
Rheumatology- No Surgery	80252	4,110	8,220	12,823	15,617	16,439
Sleep Medicine	280269	7,208	14,416	22,489	27,390	28,832
Surgery- Cardiac	80141	24,421	48,841	76,193	92,799	97,683
Surgery- Cardiovascular Disease	80150	24,421	48,841	76,193	92,799	97,683
Surgery- Colon and Rectal	80115	11,339	22,678	35,378	43,088	45,356
Surgery- General- Not Otherwise Classified	80143	18,912	37,825	59,007	71,867	75,650
Surgery- Gynecology	80167	12,716	25,432	39,674	48,321	50,864
Surgery- Hand	80169	12,716	25,432	39,674	48,321	50,864
Surgery- Head and Neck	80170	12,716	25,432	39,674	48,321	50,864
Surgery- Neonatology or Pediatrics	80474	18,912	37,825	59,007	71,867	75,650
Surgery- Neurology	80152	43,698	87,395	136,337	166,051	174,791
Surgery- Ophthalmology	80114	6,175	12,350	19,267	23,466	24,701
Surgery- Oral/Maxillofacial	80109	6,175	12,350	19,267	23,466	24,701
Surgery- Orthopedic	80154	28,551	57,101	89,078	108,493	114,203
Surgery- Orthopedic- without procedures on the back	N80154	20,291	40,581	63,306	77,104	81,162
Surgery- Otorhinolaryngology	80159	11,339	22,678	35,378	43,088	45,356
Surgery- Plastic- Not Otherwise Classified	80156	18,912	37,825	59,007	71,867	75,650
Surgery- Plastic- Otorhinolaryngology	80155	18,912	37,825	59,007	71,867	75,650
Surgery- Thoracic	80144	24,421	48,841	76,193	92,799	97,683
Surgery- Traumatic	80171	24,421	48,841	76,193	92,799	97,683
Surgery- Urological	80145	10,306	20,612	32,155	39,164	41,225
Surgery- Vascular	80146	24,421	48,841	76,193	92,799	97,683
Urgent Care Medicine	80424	7,208	14,416	22,489	27,390	28,832
Urology-Minor Surgery	280145	8,929	17,859	27,859	33,931	35,717

<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	2,534	5,068	7,906	9,629	10,136
Anesthesiology	Y80151	6,221	12,442	19,409	23,640	24,884
Anesthesiology-Pain Management	P80151	6,221	12,442	19,409	23,640	24,884
Bariatrics	280242	5,085	10,171	15,867	19,325	20,342
Cardiovascular Disease- Minor Surgery	80281	7,354	14,707	22,943	27,943	29,414
Cardiovascular Disease-No Surgery	80255	5,651	11,302	17,631	21,474	22,604
Dermatology-Minor Surgery	80282	3,385	6,769	10,560	12,861	13,538
Dermatology-No Surgery	80256	3,385	6,769	10,560	12,861	13,538
Diabetes- No Surgery	80237	5,085	10,171	15,867	19,325	20,342
Endocrinology- No Surgery	80238	3,385	6,769	10,560	12,861	13,538
Family Practice- No Surgery	80239	5,085	10,171	15,867	19,325	20,342
Family Practice-Minor Surgery	80273	7,921	15,841	24,712	30,098	31,682
Family Practice-Not primarily Maj S	280273	11,041	22,082	34,448	41,956	44,164
Forensic or Legal Medicine	80240	2,534	5,068	7,906	9,629	10,136
Gastroenterology- No Surgery	80241	7,354	14,707	22,943	27,943	29,414
Gastroenterology-Minor Surgery	80274	7,354	14,707	22,943	27,943	29,414
General Practice- No Surgery	80242	5,085	10,171	15,867	19,325	20,342
General Practice-Minor Surgery	80275	7,921	15,841	24,712	30,098	31,682
General Preventive Medicine- No Surgery	80231	2,534	5,068	7,906	9,629	10,136
Geriatrics- Minor Surgery	80276	7,354	14,707	22,943	27,943	29,414
Geriatrics- No Surgery	80243	3,385	6,769	10,560	12,861	13,538
Gynecology- Minor Surgery	80277	9,338	18,676	29,135	35,484	37,352
Gynecology- No Surgery	80244	5,936	11,872	18,520	22,557	23,744
Hematology- No Surgery	80245	5,085	10,171	15,867	19,325	20,342
Hospitalist-Family/General Medicine	180814	5,085	10,171	15,867	19,325	20,342
Hospitalist-Internal Medicine	280814	5,936	11,872	18,520	22,557	23,744
Hospitalist-Pediatrics	380814	3,668	7,337	11,446	13,940	14,674
Infectious Diseases- No Surgery	80246	5,651	11,302	17,631	21,474	22,604
Intensivist	80283	8,785	17,571	27,410	33,384	35,141
Internal Medicine- Minor Surgery	80284	7,354	14,707	22,943	27,943	29,414
Internal Medicine- No Surgery	80257	5,936	11,872	18,520	22,557	23,744
Laryngology- Minor Surgery	80285	7,354	14,707	22,943	27,943	29,414
Laryngology- No Surgery	80258	2,534	5,068	7,906	9,629	10,136
Neonatology- Minor Surgery	300001	7,354	14,707	22,943	27,943	29,414
Neoplastic Diseases- No Surgery	80259	5,085	10,171	15,867	19,325	20,342
Nephrology- Minor Surgery	80287	6,503	13,006	20,289	24,711	26,012
Nephrology- No Surgery	80260	5,651	11,302	17,631	21,474	22,604
Neurology- No Surgery	80261	7,354	14,707	22,943	27,943	29,414
Nuclear Medicine	180262	5,085	10,171	15,867	19,325	20,342
Occupational Medicine	80233	2,534	5,068	7,906	9,629	10,136
Oncology- No Surgery	80473	5,085	10,171	15,867	19,325	20,342
Oncology - Radiation	280473	4,518	9,037	14,098	17,170	18,074
Ophthalmology- No Surgery	80263	3,385	6,769	10,560	12,861	13,538
Orthopaedics-MRP, NMajS	280154	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- Minor Surgery	80291	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- No Surgery	80265	2,534	5,068	7,906	9,629	10,136

Pathology- No Surgery	80266	3,385	6,769	10,560	12,861	13,538
Pediatrics- Minor Surgery	80293	7,354	14,707	22,943	27,943	29,414
Pediatrics- No Surgery	80267	3,668	7,337	11,446	13,940	14,674
Physiatry or Physical Medicine and Rehabilitation	80235	2,534	5,068	7,906	9,629	10,136
Physicians- not otherwise classified- minor surgery	80294	7,354	14,707	22,943	27,943	29,414
Physicians- not otherwise classified- no surgery	80268	5,936	11,872	18,520	22,557	23,744
Podiatry- Minor Surgery	180993	2,848	5,696	8,886	10,823	11,392
Podiatry- No Surgery	380993	1,946	3,891	6,071	7,394	7,783
Psychiatry	80249	3,385	6,769	10,560	12,861	13,538
Public Health	80236	2,534	5,068	7,906	9,629	10,136
Pulmonary Diseases- No Surgery	80269	6,503	13,006	20,289	24,711	26,012
Radiology- diagnostic- Minor Surgery	80280	7,354	14,707	22,943	27,943	29,414
Radiology- diagnostic- No surgery	80253	6,503	13,006	20,289	24,711	26,012
Rheumatology- No Surgery	80252	3,385	6,769	10,560	12,861	13,538
Sleep Medicine	280269	5,936	11,872	18,520	22,557	23,744
Surgery- Cardiac	80141	20,111	40,222	62,747	76,422	80,445
Surgery- Cardiovascular Disease	80150	20,111	40,222	62,747	76,422	80,445
Surgery- Colon and Rectal	80115	9,338	18,676	29,135	35,484	37,352
Surgery- General- Not Otherwise Classified	80143	15,575	31,150	48,594	59,185	62,300
Surgery- Gynecology	80167	10,472	20,944	32,673	39,794	41,888
Surgery- Hand	80169	10,472	20,944	32,673	39,794	41,888
Surgery- Head and Neck	80170	10,472	20,944	32,673	39,794	41,888
Surgery- Neonatology or Pediatrics	80474	15,575	31,150	48,594	59,185	62,300
Surgery- Neurology	80152	35,986	71,973	112,277	136,748	143,945
Surgery- Ophthalmology	80114	5,085	10,171	15,867	19,325	20,342
Surgery- Oral/Maxillofacial	80109	5,085	10,171	15,867	19,325	20,342
Surgery- Orthopedic	80154	23,512	47,025	73,359	89,347	94,050
Surgery- Orthopedic- without procedures on the back	N80154	16,710	33,420	52,135	63,497	66,839
Surgery- Otorhinolaryngology	80159	9,338	18,676	29,135	35,484	37,352
Surgery- Plastic- Not Otherwise Classified	80156	15,575	31,150	48,594	59,185	62,300
Surgery- Plastic- Otorhinolaryngology	80155	15,575	31,150	48,594	59,185	62,300
Surgery- Thoracic	80144	20,111	40,222	62,747	76,422	80,445
Surgery- Traumatic	80171	20,111	40,222	62,747	76,422	80,445
Surgery- Urological	80145	8,487	16,975	26,481	32,252	33,950
Surgery- Vascular	80146	20,111	40,222	62,747	76,422	80,445
Urgent Care Medicine	80424	5,936	11,872	18,520	22,557	23,744
Urology-Minor Surgery	280145	7,354	14,707	22,943	27,943	29,414

<b>Territory 4: Remainder of State</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	1,991	3,982	6,212	7,566	7,964
Anesthesiology	Y80151	4,888	9,776	15,250	18,574	19,551
Anesthesiology-Pain Management	P80151	4,888	9,776	15,250	18,574	19,551
Bariatrics	280242	3,996	7,991	12,467	15,184	15,983
Cardiovascular Disease- Minor Surgery	80281	5,778	11,556	18,027	21,956	23,111
Cardiovascular Disease-No Surgery	80255	4,440	8,880	13,853	16,872	17,761
Dermatology-Minor Surgery	80282	2,659	5,319	8,297	10,105	10,637

Dermatology-No Surgery	80256	2,659	5,319	8,297	10,105	10,637
Diabetes- No Surgery	80237	3,996	7,991	12,467	15,184	15,983
Endocrinology- No Surgery	80238	2,659	5,319	8,297	10,105	10,637
Family Practice- No Surgery	80239	3,996	7,991	12,467	15,184	15,983
Family Practice-Minor Surgery	80273	6,223	12,447	19,417	23,648	24,893
Family Practice-Not primarily Maj S	280273	8,675	17,350	27,066	32,965	34,700
Forensic or Legal Medicine	80240	1,991	3,982	6,212	7,566	7,964
Gastroenterology- No Surgery	80241	5,778	11,556	18,027	21,956	23,111
Gastroenterology-Minor Surgery	80274	5,778	11,556	18,027	21,956	23,111
General Practice- No Surgery	80242	3,996	7,991	12,467	15,184	15,983
General Practice-Minor Surgery	80275	6,223	12,447	19,417	23,648	24,893
General Preventive Medicine- No Surgery	80231	1,991	3,982	6,212	7,566	7,964
Geriatrics- Minor Surgery	80276	5,778	11,556	18,027	21,956	23,111
Geriatrics- No Surgery	80243	2,659	5,319	8,297	10,105	10,637
Gynecology- Minor Surgery	80277	7,337	14,674	22,891	27,881	29,348
Gynecology- No Surgery	80244	4,664	9,328	14,552	17,723	18,656
Hematology- No Surgery	80245	3,996	7,991	12,467	15,184	15,983
Hospitalist-Family/General Medicine	180814	3,996	7,991	12,467	15,184	15,983
Hospitalist-Internal Medicine	280814	4,664	9,328	14,552	17,723	18,656
Hospitalist-Pediatrics	380814	2,882	5,765	8,993	10,953	11,529
Infectious Diseases- No Surgery	80246	4,440	8,880	13,853	16,872	17,761
Intensivist	80283	6,903	13,805	21,536	26,230	27,611
Internal Medicine- Minor Surgery	80284	5,778	11,556	18,027	21,956	23,111
Internal Medicine- No Surgery	80257	4,664	9,328	14,552	17,723	18,656
Laryngology- Minor Surgery	80285	5,778	11,556	18,027	21,956	23,111
Laryngology- No Surgery	80258	1,991	3,982	6,212	7,566	7,964
Neonatology- Minor Surgery	300001	5,778	11,556	18,027	21,956	23,111
Neoplastic Diseases- No Surgery	80259	3,996	7,991	12,467	15,184	15,983
Nephrology- Minor Surgery	80287	5,110	10,219	15,942	19,416	20,438
Nephrology- No Surgery	80260	4,440	8,880	13,853	16,872	17,761
Neurology- No Surgery	80261	5,778	11,556	18,027	21,956	23,111
Nuclear Medicine	180262	3,996	7,991	12,467	15,184	15,983
Occupational Medicine	80233	1,991	3,982	6,212	7,566	7,964
Oncology- No Surgery	80473	3,996	7,991	12,467	15,184	15,983
Oncology - Radiation	280473	3,550	7,100	11,077	13,491	14,201
Ophthalmology- No Surgery	80263	2,659	5,319	8,297	10,105	10,637
Orthopaedics-MRP, NMajS	280154	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- Minor Surgery	80291	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- No Surgery	80265	1,991	3,982	6,212	7,566	7,964
Pathology- No Surgery	80266	2,659	5,319	8,297	10,105	10,637
Pediatrics- Minor Surgery	80293	5,778	11,556	18,027	21,956	23,111
Pediatrics- No Surgery	80267	2,882	5,765	8,993	10,953	11,529
Physiatry or Physical Medicine and Rehabilitation	80235	1,991	3,982	6,212	7,566	7,964
Physicians- not otherwise classified- minor surgery	80294	5,778	11,556	18,027	21,956	23,111
Physicians- not otherwise classified- no surgery	80268	4,664	9,328	14,552	17,723	18,656
Podiatry- Minor Surgery	180993	2,238	4,475	6,982	8,503	8,951
Podiatry- No Surgery	380993	1,529	3,058	4,770	5,809	6,115
Psychiatry	80249	2,659	5,319	8,297	10,105	10,637

Public Health	80236	1,991	3,982	6,212	7,566	7,964
Pulmonary Diseases- No Surgery	80269	5,110	10,219	15,942	19,416	20,438
Radiology- diagnostic- Minor Surgery	80280	5,778	11,556	18,027	21,956	23,111
Radiology- diagnostic- No surgery	80253	5,110	10,219	15,942	19,416	20,438
Rheumatology- No Surgery	80252	2,659	5,319	8,297	10,105	10,637
Sleep Medicine	280269	4,664	9,328	14,552	17,723	18,656
Surgery- Cardiac	80141	15,802	31,603	49,301	60,046	63,207
Surgery- Cardiovascular Disease	80150	15,802	31,603	49,301	60,046	63,207
Surgery- Colon and Rectal	80115	7,337	14,674	22,891	27,881	29,348
Surgery- General- Not Otherwise Classified	80143	12,237	24,475	38,181	46,502	48,950
Surgery- Gynecology	80167	8,228	16,456	25,671	31,266	32,912
Surgery- Hand	80169	8,228	16,456	25,671	31,266	32,912
Surgery- Head and Neck	80170	8,228	16,456	25,671	31,266	32,912
Surgery- Neonatology or Pediatrics	80474	12,237	24,475	38,181	46,502	48,950
Surgery- Neurology	80152	28,275	56,550	88,218	107,445	113,100
Surgery- Ophthalmology	80114	3,996	7,991	12,467	15,184	15,983
Surgery- Oral/Maxillofacial	80109	3,996	7,991	12,467	15,184	15,983
Surgery- Orthopedic	80154	18,474	36,948	57,639	70,201	73,896
Surgery- Orthopedic- without procedures on the back	N80154	13,129	26,258	40,963	49,891	52,517
Surgery- Otorhinolaryngology	80159	7,337	14,674	22,891	27,881	29,348
Surgery- Plastic- Not Otherwise Classified	80156	12,237	24,475	38,181	46,502	48,950
Surgery- Plastic- Otorhinolaryngology	80155	12,237	24,475	38,181	46,502	48,950
Surgery- Thoracic	80144	15,802	31,603	49,301	60,046	63,207
Surgery- Traumatic	80171	15,802	31,603	49,301	60,046	63,207
Surgery- Urological	80145	6,669	13,337	20,806	25,341	26,675
Surgery- Vascular	80146	15,802	31,603	49,301	60,046	63,207
Urgent Care Medicine	80424	4,664	9,328	14,552	17,723	18,656
Urology-Minor Surgery	280145	5,778	11,556	18,027	21,956	23,111

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	1,629	3,258	5,083	6,190	6,516
Anesthesiology	Y80151	3,999	7,998	12,477	15,197	15,997
Anesthesiology-Pain Management	P80151	3,999	7,998	12,477	15,197	15,997
Bariatrics	280242	3,269	6,538	10,200	12,423	13,077
Cardiovascular Disease- Minor Surgery	80281	4,727	9,455	14,749	17,964	18,909
Cardiovascular Disease-No Surgery	80255	3,633	7,266	11,334	13,805	14,531
Dermatology-Minor Surgery	80282	2,176	4,352	6,788	8,268	8,703
Dermatology-No Surgery	80256	2,176	4,352	6,788	8,268	8,703
Diabetes- No Surgery	80237	3,269	6,538	10,200	12,423	13,077
Endocrinology- No Surgery	80238	2,176	4,352	6,788	8,268	8,703
Family Practice- No Surgery	80239	3,269	6,538	10,200	12,423	13,077
Family Practice-Minor Surgery	80273	5,092	10,184	15,886	19,349	20,367

Family Practice-Not primarily Maj S	280273	7,098	14,196	22,145	26,971	28,391
Forensic or Legal Medicine	80240	1,629	3,258	5,083	6,190	6,516
Gastroenterology- No Surgery	80241	4,727	9,455	14,749	17,964	18,909
Gastroenterology-Minor Surgery	80274	4,727	9,455	14,749	17,964	18,909
General Practice- No Surgery	80242	3,269	6,538	10,200	12,423	13,077
General Practice-Minor Surgery	80275	5,092	10,184	15,886	19,349	20,367
General Preventive Medicine- No Surgery	80231	1,629	3,258	5,083	6,190	6,516
Geriatrics- Minor Surgery	80276	4,727	9,455	14,749	17,964	18,909
Geriatrics- No Surgery	80243	2,176	4,352	6,788	8,268	8,703
Gynecology- Minor Surgery	80277	6,003	12,006	18,729	22,811	24,012
Gynecology- No Surgery	80244	3,816	7,632	11,906	14,501	15,264
Hematology- No Surgery	80245	3,269	6,538	10,200	12,423	13,077
Hospitalist-Family/General Medicine	180814	3,269	6,538	10,200	12,423	13,077
Hospitalist-Internal Medicine	280814	3,816	7,632	11,906	14,501	15,264
Hospitalist-Pediatrics	380814	2,358	4,717	7,358	8,961	9,433
Infectious Diseases- No Surgery	80246	3,633	7,266	11,334	13,805	14,531
Intensivist	80283	5,648	11,295	17,621	21,461	22,591
Internal Medicine- Minor Surgery	80284	4,727	9,455	14,749	17,964	18,909
Internal Medicine- No Surgery	80257	3,816	7,632	11,906	14,501	15,264
Laryngology- Minor Surgery	80285	4,727	9,455	14,749	17,964	18,909
Laryngology- No Surgery	80258	1,629	3,258	5,083	6,190	6,516
Neonatology- Minor Surgery	300001	4,727	9,455	14,749	17,964	18,909
Neoplastic Diseases- No Surgery	80259	3,269	6,538	10,200	12,423	13,077
Nephrology- Minor Surgery	80287	4,181	8,361	13,043	15,886	16,722
Nephrology- No Surgery	80260	3,633	7,266	11,334	13,805	14,531
Neurology- No Surgery	80261	4,727	9,455	14,749	17,964	18,909
Nuclear Medicine	180262	3,269	6,538	10,200	12,423	13,077
Occupational Medicine	80233	1,629	3,258	5,083	6,190	6,516
Oncology- No Surgery	80473	3,269	6,538	10,200	12,423	13,077
Oncology - Radiation	280473	2,905	5,809	9,063	11,038	11,619
Ophthalmology- No Surgery	80263	2,176	4,352	6,788	8,268	8,703
Orthopaedics-MRP, NMajS	280154	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- Minor Surgery	80291	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- No Surgery	80265	1,629	3,258	5,083	6,190	6,516
Pathology- No Surgery	80266	2,176	4,352	6,788	8,268	8,703

Pediatrics- Minor Surgery	80293	4,727	9,455	14,749	17,964	18,909
Pediatrics- No Surgery	80267	2,358	4,717	7,358	8,961	9,433
Physiatry or Physical Medicine and Rehabilitation	80235	1,629	3,258	5,083	6,190	6,516
Physicians- not otherwise classified- minor surgery	80294	4,727	9,455	14,749	17,964	18,909
Physicians- not otherwise classified- no surgery	80268	3,816	7,632	11,906	14,501	15,264
Podiatry- Minor Surgery	180993	1,831	3,662	5,712	6,957	7,324
Podiatry- No Surgery	380993	1,251	2,502	3,903	4,753	5,003
Psychiatry	80249	2,176	4,352	6,788	8,268	8,703
Public Health	80236	1,629	3,258	5,083	6,190	6,516
Pulmonary Diseases- No Surgery	80269	4,181	8,361	13,043	15,886	16,722
Radiology- diagnostic- Minor Surgery	80280	4,727	9,455	14,749	17,964	18,909
Radiology- diagnostic- No surgery	80253	4,181	8,361	13,043	15,886	16,722
Rheumatology- No Surgery	80252	2,176	4,352	6,788	8,268	8,703
Sleep Medicine	280269	3,816	7,632	11,906	14,501	15,264
Surgery- Cardiac	80141	12,929	25,857	40,337	49,129	51,714
Surgery- Cardiovascular Disease	80150	12,929	25,857	40,337	49,129	51,714
Surgery- Colon and Rectal	80115	6,003	12,006	18,729	22,811	24,012
Surgery- General- Not Otherwise Classified	80143	10,012	20,025	31,239	38,047	40,050
Surgery- Gynecology	80167	6,732	13,464	21,004	25,582	26,928
Surgery- Hand	80169	6,732	13,464	21,004	25,582	26,928
Surgery- Head and Neck	80170	6,732	13,464	21,004	25,582	26,928
Surgery- Neonatology or Pediatrics	80474	10,012	20,025	31,239	38,047	40,050
Surgery- Neurology	80152	23,134	46,268	72,178	87,910	92,536
Surgery- Ophthalmology	80114	3,269	6,538	10,200	12,423	13,077
Surgery- Oral/Maxillofacial	80109	3,269	6,538	10,200	12,423	13,077
Surgery- Orthopedic	80154	15,115	30,230	47,159	57,437	60,460
Surgery- Orthopedic- without procedures on the back	N80154	10,742	21,484	33,515	40,820	42,968
Surgery- Otorhinolaryngology	80159	6,003	12,006	18,729	22,811	24,012
Surgery- Plastic- Not Otherwise Classified	80156	10,012	20,025	31,239	38,047	40,050
Surgery- Plastic- Otorhinolaryngology	80155	10,012	20,025	31,239	38,047	40,050
Surgery- Thoracic	80144	12,929	25,857	40,337	49,129	51,714
Surgery- Traumatic	80171	12,929	25,857	40,337	49,129	51,714
Surgery- Urological	80145	5,456	10,912	17,023	20,734	21,825
Surgery- Vascular	80146	12,929	25,857	40,337	49,129	51,714



Urgent Care Medicine	80424	3,816	7,632	11,906	14,501	15,264
Urology-Minor Surgery	280145	4,727	9,455	14,749	17,964	18,909

#### **D. Ancillary Personnel Classifications and Rates**

The following ancillary personnel may purchase and therefore, be afforded their own separate limits of liability by specifically listing such persons as additional named insureds on the policy. The limits of liability must be equal to those of the individual physician or professional corporation. The rate is as shown and not subject to step adjustment.

If separate limits are not desired by the listed allied healthcare professionals, 50% of the otherwise applicable ancillary base rate will be charged in order for the ancillary employee to share in the physicians limits or the separate corporate limit if one is present.

There is no charge for other allied healthcare professionals (80998). They share in the named insured's limit of liability. They are not eligible for a separate limit of liability. All other code 80998 for which there is no additional premium charge include: audiologists, medical aides, research PhDs, full time medical students, medical laboratory technicians, OR technicians, opticians, physiotherapists, dental hygienists, scrub nurses, x-ray technicians with and without therapy.

#### **\$1,000,000/\$3,000,000 Manual Rates Effective 01-01-2011**

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	2,229
Chiropractor	80410	5,373
Dialysis Technician	71514	1,743
Nurse Practitioner	71510	1,743
Optometrist	71517	773
Orthopaedic Tech/ Ortho RN	71515	6,720
Physician Assistant	71520	1,743
Psychologist	71525	1,160
Psychotherapist	71521	1,160
Surgical Assistant	71523	1,743

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,894
Chiropractor	80410	4,567
Dialysis Technician	71514	1,482
Nurse Practitioner	71510	1,482
Optometrist	71517	657
Orthopaedic Tech/ Ortho RN	71515	5,712
Physician Assistant	71520	1,482
Psychologist	71525	986
Psychotherapist	71521	986
Surgical Assistant	71523	1,482



<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,560
Chiropractor	80410	3,761
Dialysis Technician	71514	1,220
Nurse Practitioner	71510	1,220
Optometrist	71517	541
Orthopaedic Tech/ Ortho RN	71515	4,704
Physician Assistant	71520	1,220
Psychologist	71525	812
Psychotherapist	71521	812
Surgical Assistant	71523	1,220

<b>Territory 4: Remainder of State</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,226
Chiropractor	80410	2,955
Dialysis Technician	71514	959
Nurse Practitioner	71510	959
Optometrist	71517	425
Orthopaedic Tech/ Ortho RN	71515	3,696
Physician Assistant	71520	959
Psychologist	71525	638
Psychotherapist	71521	638
Surgical Assistant	71523	959

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,003
Chiropractor	80410	2,418
Dialysis Technician	71514	785
Nurse Practitioner	71510	785
Optometrist	71517	348
Orthopaedic Tech/ Ortho RN	71515	3,024
Physician Assistant	71520	785
Psychologist	71525	522
Psychotherapist	71521	522
Surgical Assistant	71523	785

\*Corporate liability is computed as a percentage of the five (5) highest rated eligible named insureds.

### **E. Territory Definitions and Factors**

<b>Territory</b>	<b>County</b>	<b>Factor</b>
Territory 1	Cook, Madison, St. Clair	1.818
Territory 2	Will, Vermillion, Lake, McHenry, Winnebago	1.545
Territory 3	Jackson, Kane, Kankakee, Bureau, Champaign, Coles, DeKalb, DuPage, Effingham, LaSalle, Macon, Randolph	1.273
Territory 4	ROS	1.00
Territory 5	Adams, Knox, Peoria, Rock Island	.818

### **F. Decreased/Increased Limits Factors**

<b>Limit</b>	<b>Factor</b>
\$500,000/\$1,500,000	0.75
\$1,000,000/\$3,000,000	1.00

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memorandum - Bentley Filing.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	Not Required
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Illinois Certification for Med Mal Rates.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not Required
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Manual
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

**Torus Specialty Insurance Company**  
**Physician and Surgeon Professional Liability Program**

**Actuarial Memorandum**

This filing is to propose a new program to provide Physician and Surgeons Professional Liability coverage. The proposed program is being written in conjunction with Bentley Insurance Group, LLC; a risk purchasing group. This is a new program to Torus Insurance and we have no historical premium and loss experience. Therefore, we have selected the rates and rating factors filed by First Professionals Insurance Company and approved by the Illinois department of Insurance. We will monitor the results of these rating plans and adjust the rates accordingly.

# ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Jose R. Gonzalez, a duly authorized officer of Torus National Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Christine Cui, a duly authorized actuary of Torus National Insurance Company, am authorized to certify on behalf of Torus National Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Jose R. Gonzalez, Secretary 12/26/2012  
Signature and Title of Authorized Company Officer Date

Christine Cui, FCAS 12/26/2012  
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN: 95-1429618

Filing Number: TN-MPL-CW-001-ILR

Insurer's Address: Harborside Financial Center, Plaza 5, Suite 2600

City: Jersey City

State: New Jersey

Zip Code: 07311

Contact Persons:

-Name and E-mail: Jason Simmons, jsimmons@torus.com

-Direct Telephone and Fax Number: (201) 743-7755 – Phone, (201) 743-7792 - Fax

<b>State:</b>	Illinois	<b>Filing Company:</b>	Torus National Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0023 Physicians & Surgeons		
<b>Product Name:</b>	Medical Professional Liability		
<b>Project Name/Number:</b>	Physician and Surgeon Professional Liability Program/TN-MPL-CW-001		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/30/2013		Rate	1 25 12 Bentley Underwriting Manual-Rates	02/25/2013	1 25 12 Bentley Underwriting Manual-Rates.pdf (Superceded)
12/27/2012		Rate	Bentley Underwriting Manual-Rates	01/30/2013	Bentley Underwriting Manual-Rates.pdf (Superceded)
12/26/2012		Supporting Document	Form RF3 - (Summary Sheet)	01/30/2013	RF-3 TNIC Filing.pdf (Superceded)

# **Medical Professional Liability Underwriting Manual**

**For the  
Torus National Insurance Company  
("Torus")**

**Medical Professional Liability  
Insurance Program**

**01-01-2013**

# Medical Professional Liability Underwriting Manual

## *Table of Contents*

	<b>Topic</b>	<b>Page</b>
<b>1</b>	<b>General Overview</b>	<b>4</b>
<b>2</b>	<b>Application Process</b>	<b>4</b>
	<b>A. General Rules</b>	<b>4</b>
	<b>B. File documentation – New Business</b>	<b>4</b>
	<b>C. File Documentation – Renewal Business</b>	<b>5</b>
	<b>D. File Documentation – Midterm Changes</b>	<b>5</b>
<b>3</b>	<b>Underwriting Guidelines and Rating Rules</b>	<b>6</b>
	<b>A. Eligible Healthcare Providers</b>	<b>6</b>
	<b>B. Limits of Liability</b>	<b>6</b>
	<b>C. Policy Period</b>	<b>6</b>
	<b>D. Territory</b>	<b>6</b>
	<b>E. Retroactive Coverage</b>	<b>6</b>
	<b>F. Claims Made Step Factors</b>	<b>7</b>
	<b>G. Cancellation and Nonrenewal</b>	<b>7</b>
	<b>H. Suspended Coverage</b>	<b>7</b>
	<b>I. Extended Reporting Period</b>	<b>8</b>
	<b>J. Corporation/Entity</b>	<b>9</b>
	<b>K. Part-time Physicians</b>	<b>9</b>
	<b>L. Locum Tenens</b>	<b>10</b>
	<b>M. New-to-private Practice</b>	<b>10</b>
	<b>N. Teaching Physicians</b>	<b>10</b>
	<b>O. Physicians in Training</b>	<b>11</b>
	<b>P. Miscellaneous Medical Entities/Facilities</b>	<b>11</b>
	<b>Q. Location of Practice</b>	<b>11</b>
	<b>R. Loss Free Credit</b>	<b>11</b>
	<b>S. Risk Management Credit</b>	<b>12</b>



	<b>T. Group Size Discount</b>	<b>12</b>
	<b>U. Large Account Rating Rule</b>	<b>12</b>
	<b>V. Schedule Rating</b>	<b>13</b>
	<b>W. Quarterly Premium Installment Option</b>	<b>13</b>
	<b>X. Slot/FTE Coverage</b>	<b>13</b>
	<b>Y. Broad Form Defense Optional Coverage</b>	<b>14</b>
<b>4</b>	<b>Premium Calculation and Rates</b>	<b>15</b>
	<b>A. Premium Calculation</b>	<b>15</b>
	<b>B. Physician Risk Notations</b>	<b>15</b>
	<b>C. Physicians Classification Plan and Rates</b>	<b>17</b>
	<b>Territory 1:</b>	<b>17</b>
	<b>Territory 2:</b>	<b>19</b>
	<b>Territory 3:</b>	<b>21</b>
	<b>Territory 4:</b>	<b>22</b>
	<b>Territory 5:</b>	<b>24</b>
	<b>D. Ancillary Personnel classifications and Rates</b>	<b>27</b>
	<b>Territory 1:</b>	<b>27</b>
	<b>Territory 2:</b>	<b>27</b>
	<b>Territory 3:</b>	<b>28</b>
	<b>Territory 4:</b>	<b>28</b>
	<b>Territory 5:</b>	<b>28</b>
	<b>E. Territory Definitions and Factors</b>	<b>29</b>
	<b>F. Decreased/Increased Limits Factors</b>	<b>29</b>

## **1. GENERAL OVERVIEW**

This program is limited to healthcare providers licensed in and who primarily practice in the State of Illinois.

This Company underwriting manual provides the guidelines used by all approved underwriters. The manual rates and rules are limited to claims made medical professional liability insurance for healthcare providers, their employees and corporate entities. Any coverages outside those covered in this manual are ineligible for this program.

Insureds will receive their own individual policies or will be listed as additional insureds on a master "clinic" policy that may cover a group practice. Each healthcare provider insured will receive \$1,000,000/\$3,000,000 or \$500,000/\$1,500,000 each and every limits. Loss adjustment expenses, such as legal fees, are outside (in addition to) the limits of liability.

Torus has entered into a marketing arrangement with RPS HEALTHCARE, an experienced wholesale insurance broker located in Chicago, IL. RPS HEALTHCARE will be responsible for appointing retail agents to solicit eligible applicants, receive and evaluate eligible applicants and bind eligible applicants to the company. RPS HEALTHCARE may not interpret the policy coverage other than as stated within the guidelines. These guidelines delineate the rules that apply to the underwriting process.

## **2. APPLICATION PROCESS**

All applications must be reviewed by an underwriter for accuracy and completeness. Premium indications for new business may be released based on applications from other companies. However, in order to bind coverage with the Company, a signed and dated original application must be on file prior to binding.

### **A. General Rules**

1. All applications must be completed in their entirety and signed and dated, in ink, by the applicant. Applications, dated more than 60 days in advance of the policy effective date, will need to be updated within 30 days of the policy effective date using a "No Known Claims" affidavit.
2. Any discrepancies between the information on the application and other supplemental material must be reconciled and the underwriting file properly documented.
3. All correspondence and applications must be date-stamped.
4. Any information obtained via telephone must be documented in the underwriting file with the date and underwriter's initials.
5. Applications are not to be altered in any way. Clarifying or additional information should be documented on a separate sheet of paper, dated, showing the name of the person from whom the underwriter obtained the information and initialed by the underwriter.
6. A "No Known Claims" affidavit must be included with applications from healthcare providers previously insured with a company rated "B" or lower from A. M. Best's, regardless whether retroactive coverage is requested or not. Other rating agencies are not an acceptable substitution for A.M. Best's.
7. A "No Known Claims" affidavit must be included with applications from healthcare providers requesting limits of liability greater than their immediate past insurer.

### **B. File Documentation: New Business**

1. A completed, signed and dated application for medical malpractice insurance.
2. Detailed claim information from the prior medical malpractice insurance company(s) for the immediate prior 5 (five) years, valued within 90 days of proposed effective date. The claim report should include, if available, incidents and claims, indemnity payments and reserves and expenses, claim(s) made date, notice date, and description of loss. Claims or incidents closed

without payment should also be included.

3. Premium rating worksheet, showing modifications and justifications for credits/debits.
4. Declarations page from immediate prior insurer, clearly showing effective and expiration date, retroactive date, limits of liability, medical specialty, and Insurance Services Office (ISO) code (if available). Any manuscript endorsements from prior company, which alter standard coverage.
5. Written request by the insured to bind coverage.
6. Correspondence.
7. Quote letter as may be necessary and/or applicable.
8. Any additional information as may be requested or required by the underwriter to fully evaluate the risk.

### **C. File Documentation: Renewal Business**

**Renewal applications are minimally required every three years. However, at the underwriter's discretion, a renewal application may be requested more often. With or without a current renewal application, the following is required for proper documentation of all renewal requests/files.**

1. Evidence of renewal request.
2. Claim report update, including prior carriers, and current claims and incidents from the company, valued within 90 days prior to effective date.
3. Premium rating worksheet, as necessary, showing modifications and justifications for any applied credits/debits.
4. The company form of renewal coverage, including forms list, list of endorsements, and copies of manuscript endorsements.
5. Correspondence.
6. Quote letter, as may be necessary and applicable.
7. Written request from insured to bind coverage.

### **D. File Documentation: Midterm Changes**

1. All endorsements should be sequentially numbered.
2. All reductions or deletions of coverage must be in writing, from the insured, and dated and signed by the insured prior to the **effective date** of the proposed reduction or deletion.
3. All requests for limits of liability changes, up or down, must include a "No Known Claims" affidavit.
4. Midterm limits changes are strongly discouraged and not allowed within 90 days of policy expiration.
5. The underwriter, in accordance with the guidelines set forth herein, may handle all other requests for midterm changes.

### **3. UNDERWRITING GUIDELINES AND RATING RULES**

#### **A. Eligible Healthcare Providers**

- Must hold a valid, temporary or permanent, license to practice medicine in the state of IL.
- 75% or more of the healthcare provider's practice must be in the state of IL. If the healthcare provider also practices in a contiguous state to IL, eligibility will be determined on an exception basis.
- Favorable loss history, meaning no more than three reported incidents in the immediate preceding five years; no more than one paid claim in the immediate preceding five years. (An incident is defined as a reported event with a reserve of less than \$10,000.)
- Board certified or eligible preferred (if applicable).
- Foreign or international medical school graduates must have passed FLEX or ECFMG or be Fifth Pathway certified.
- The physicians should have unrestricted admitting privileges at an Illinois hospital
- No OB practice, whether incidental or not.
- No emergency medicine practice, except for rotation as a requirement for unrestricted admitting privileges.
- **ANY DEVIATION FROM THE FOREGOING ELIGIBILITY REQUIREMENTS REQUIRES THE EXPRESS WRITTEN APPROVAL OF AN OFFICER OF TORUS.**

#### **B. Limits of Liability**

- \$1,000,000 per claim/\$3,000,000 aggregate per physician and PC (if applicable).
- \$1,000,000 per claim/\$3,000,000 aggregate per corporate entity if a group elects to purchase a separate limit of liability for the corporate entity.
- \$1,000,000 per claim/\$3,000,000 aggregate per specified allied healthcare providers if they elect to carry separate limits of liability.
- Limits of \$500,000/\$1,500,000 are available on an exception basis.

#### **C. Policy Period**

- Policies will be written for a twelve-month period beginning with the policy effective date and ending at the policy expiration date.
- Insureds being added to clinic policies may have an individual effective date within the policy period that differs from the master policy but their expiration date will always be concurrent with the master policy expiration date.
- **Extending a policy:** Requests by the Insured to extend a policy will be subject to underwriter discretion, and the aggregate limit of liability will be extended not reinstated. Any non-renewal based policy extensions will be transacted in accordance with Illinois law.

#### **D. Territory**

- To determine appropriate territory, the healthcare provider will be rated to the highest territorial location where he or she practices more than 25% of the time. Practice location is defined as the primary office location for office-based practitioners and hospital location for hospital-based practitioners.

#### **E. Retroactive Coverage**

- Retroactive coverage may not be offered over uninsured periods or over prior occurrence coverage. Retroactive coverage may only be offered when the following conditions are met:

- There is continuous claims made coverage from the proposed retroactive date to the proposed effective date of coverage with the company.
- Limits of liability for the retroactive period cannot be greater than the limits of liability for the active, current policy.
- The prior company over which retroactive coverage is being provided must be rated B or better by *A. M. Best's*. If the prior company is unrated by *A. M. Best's*, the applicant must be referred to Torus management for approval.
- The prior company cannot be financially impaired or insolvent.

## **F. Claims Made Step Factors**

- Year 1 = 25% of Year 5 manual rate
- Year 2 = 50% of Year 5 manual rate
- Year 3 = 78% of Year 5 manual rate
- Year 4 = 95% of Year 5 manual rate
- Year 5 = 100% of Year 5 manual rate
- Rates will be blended for rating purposes when claims made coverage has been provided for risks that do not have a retroactive date that is equal to the effective date of coverage and are not mature (i.e. Between step levels).

## **G. Cancellation/Nonrenewal**

- Requests by an insured for cancellation must be in writing, show the effective date of cancellation, and provide a reason.
- A properly executed lost policy release or the original form of coverage should be included in the underwriting file.
- A copy of the letter offering extended reporting coverage, if applicable, must be included in the underwriting file.
- In general, backdating of cancellations is not allowed.
- An insured may request a cancellation at any time.
- RPS Healthcare with concurrence from Torus may only cancel or nonrenew insureds for specific reasons.
- Any return premium will be developed based on a pro rata basis less 10% when the insured requests cancellation for any reason except death, disability or retirement or the insured's policy is cancelled and rewritten as a new policy by the company.
- If the company nonrenews or cancels the insured's policy, any return premium will be developed on a pro rata basis.

## **H. Suspended Coverage**

- A healthcare provider who becomes continuously disabled or takes a leave of absence for a period of 45 days or more will be eligible for restricted coverage at a reduced rate – 25% of the applicable full-time rate for the healthcare provider's specialty.
- This rate will be applied retroactively to the first day of disability or leave of absence and continue until the physician returns to active practice.
- The disability or leave of absence must be continuous and last no more than one calendar year.
- At the end of the calendar year, the healthcare provider must terminate his or her policy. ERP will be offered at the rates in effect at the terminating policy's effective date. If the policy effective date is not concurrent with the effective date of the healthcare provider's disability or leave of absence, the reduced rate will be adjusted, if applicable, at the policy renewal.

## **I. Extended Reporting Period**

- If a healthcare provider terminates coverage, he/she may be eligible to receive “free” or purchase extended reporting period (ERP) coverage, provided the conditions of the Torus coverage are met. Once those conditions are met, a cancellation endorsement must be issued to the healthcare provider. The healthcare provider must request ERP coverage in writing. A copy of the insured’s request and the cancellation endorsement must be included in the underwriting file.
- Upon payment of additional policy premium and/or ERP premium, as applicable, and issuance of the cancellation endorsement, the ERP endorsement may be issued.
- There is no additional premium charge for ERP coverage if the following conditions are met:
  - The healthcare provider dies (provide a copy of the death certificate).
  - The healthcare provider becomes totally disabled (provide a copy of the treating physician’s letter delineating the disability). Total disability is defined as the inability to perform any of the healthcare provider’s day-to-day tasks as healthcare provider and this disability is expected to continue indefinitely.
  - The healthcare provider completely retires from the practice of medicine for remuneration after having been continuously insured with Torus (or its predecessor) for the immediate preceding five (5) years.
    - Retirement means the permanent conclusion of and complete withdrawal from one’s working or professional career as a physician.
    - A credit toward the purchase of the reporting endorsement is computed as follows:
      - One-sixtieth (1/60) of the premium for each consecutive full month the physician has had coverage with Torus for up to a total credit of 100%, regardless of the physician’s age at retirement.
      - Coverage with previous claims made carriers may be substituted in lieu of Torus’s coverage so long as the health care provider is insured with Torus for at least one year prior to requesting the reporting endorsement.
      - Waiver of the full premium for a reporting endorsement based on retirement will be granted only once to a health care provider.
- The following extended reporting factors are used in determining the ERP premium. All rating factors applicable during the ERP rating period will be considered when the ERP premium is calculated (i.e. medical specialties, territory, limits).

Years of Retroactive Coverage	ERP Factors
1	3.306
2	3.153
3	2.401
4	2.196
5 or more	2.18

- If coverage with a retroactive date of less than six months to the termination date has been afforded, the premium for the ERP coverage will be developed per the above factors and a prorate factor will be applied.
- Premium can be paid over a three year period. 50% of the total premium will be due during the first year, 30% during the second year and 20% the third year. Semi annual installments will be offered. A 2.4% finance charge will be applicable to each installment.

## **J. Corporation/Entity**

- A separate limit of liability is available to the PC, SC or LLC. Bona fide miscellaneous employees share in this limit.
- The charge for a separate \$1,000,000/\$3,000,000 limit for the corporation is 10% of the adjusted premium for the five (5) highest rated healthcare providers in the PC. Should the entity have fewer than five but more than one healthcare provider, the charge for such separate limit shall be 10% of the sum of adjusted premium for all healthcare providers.
- The charge for the corporation to share in the healthcare providers' limits and NOT provide a separate limit of liability to the PC is 5% of the adjusted premium for the five highest rated healthcare providers in the PC.
- A separate corporation limit is not available to solo practitioners. There is no additional premium charge to allow the corporation to share in the solo practitioners limits of liability if approved in the underwriting process.

## **K. Part-Time Physicians**

The following part-time categories may be applicable to the individual physician if the criteria are met by the physician.

1. The individual physician is "retired, not in practice:"
  - Coverage is limited to the occasional treatment of friends and relatives without remuneration.
  - The premium shall be 20% of the rate applicable to the lowest specialty designation based on the individual physician's territory, limits and maturity year. The original policy must be written retroactive date inception.
  - A part-time application is required.
2. The criteria for part-time consideration for all other physicians are as follows.
  - Part-time rates are available to healthcare providers who work on average 21 hours or fewer per week.
  - Average weekly practice time as determined by the insured's written representation of hours per week is defined as and includes:
    - Completion of patient medical records;
    - Consultations;
    - All clinical patient care, including hospital rounds; or
    - Time in the hospital.
  - The healthcare provider must authorize Torus to receive a copy of his/or her schedule for all facilities/locations where they may practice.
  - The part-time rate is 60% of the applicable full-time rate for the healthcare provider's specialty.
  - **NOTE:** Healthcare providers may not apply for part-time status and simultaneously request cancellation of their coverage. If the physician terminates the policy within six (6) months of a reduction to part-time, the reporting endorsement premium calculation shall be made at the standard full -time premium previously in effect.
3. "Free Medical Clinic" Coverage
  - Individual physicians whose sole insurable practice is rendering medical professional services in a "Free Medical Clinic" for no remuneration may be eligible for an annual rate of \$100.00 for limits of \$1 million/\$3 million, regardless of step, territory, or specialty. The premium is flat and cannot be lowered for any reason.

- The physician cannot reduce this specialty from any other rating specialty in this manual.
- No retroactive coverage is afforded for the physician rendering medical professional services outside of a "Free Medical Clinic."
- Upon termination of the policy, the physician will be eligible for extended reporting coverage at no additional charge for this policy. The physician must request extended reporting coverage per our rules in this manual.

## **L. Locum Tenens**

- Physicians providing locum tenens coverage to insured physicians are automatically covered at no additional charge provided that:
  - They share in the insured physician's limit of liability.
  - The period of coverage does not exceed 30 continuous days or 60 total days in any given rolling twelve months.
  - The locum tenens physician coverage will be limited to the coverage and restrictions, if any, as enjoyed by the insured physician. The locum tenens physician should be the same specialty as the insured physician. E.g., Family practice for family practice, pediatrician for pediatrician, etc.
  - The underwriting file should reflect prior approval of all locum tenens physicians' requests, including dates of coverage, name, specialty, address, phone number, and license number of the locum tenens physician.
- There is no additional premium charge.
- A "short form" locum tenens application must be submitted prior to beginning work.

## **M. Physicians New-to-Private Practice**

- Physicians who have completed one of the following programs within six (6) months prior to policy inception and are either joining a group practice or opening a private practice may qualify for the new-to-private practice credit. The programs include: residency, fellowship program in his/her specialty, or fulfillment of a military obligation in return for payment of medical school tuition.
- The credit applies for four (4) consecutive years\* from policy inception.

First Year New Physician Discount	50%
Second/Third Year Physician Discount	25%
Fourth Year Physician Discount	5%

\*The credit may apply to the second, third or fourth years independently of the first year credit.

## **N. Teaching Physicians**

To recognize the reduced exposure associated with those physicians who are away from their actual private medical practice while teaching, a reduced rate will be charged based on the following:

<b>Weekly Practice/Patient Contact Limited to:</b>	
Less than 8 hours per week	(65% discount)
8 – 21 hours per week	(40% discount)
22 hours or more per week	(0% discount)



## **O. Physicians in Training**

Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:

- Residency Program – Various lengths of time depending upon medical specialty; 3 years average. Following the first year of residency, physicians are generally licensed MD's. Upon completion of residency program, the physician becomes board eligible.
- Preceptorship – A preceptee is a non-licensed medical student or licensed physician continuing their education. A licensed physician preceptee shall, for rating purposes, be considered as a part-time physician and added to the insured physician's policy.
- Fellowship Program – Follows completion of residency program and is a higher level of training.

The rating basis is as follows:

Residency Program	(50% discount)
Preceptee – licensed physician	(40% discount)
Preceptee – non-licensed medical student	(65% discount)
Fellowship	(0% discount)

## **P. Miscellaneous Medical Entities/Facilities**

Medical Laboratories may be added to a policy per the following:

- a. At no additional charge if such laboratory is not a separate entity. Coverage is limited to the testing of the insured's own patients.
- b. At a premium charge of 25% of the at-limits Family Practitioner – No surgery rate. The laboratory will be included as an additional insured, if such laboratory is a separate entity. Coverage is limited to laboratories owned and operated by the Named Insured for the testing of the Named Insured's own patients.
- c. Freestanding urgent care centers, surgi-centers and dialysis centers may be added to the Named Insured's policy on a per procedure basis per the rates shown on the rate pages.

## **Q. Location of Practice**

The rates shown in this manual contemplate the exposure being derived from professional services being provided in Illinois. Should a healthcare provider derive more than 25% of his or her practice hours from a state other than Illinois, then the healthcare provider's out-of-state exposure will not be covered by this insurance.

If the healthcare provider has multiple practice locations in more than one (1) territory in Illinois, they will be rated to the highest territorial location where he or she practices a majority (more than 25%) of their time. Practice location is defined as the primary office address for office-based practitioners and hospital(s) for hospital-based practitioners.

## **R. Loss Free Credit**

- Individual physician insureds may qualify for loss free credits based on the following criteria:
  - The individual physician insured must have been insured on a continuous claims made basis for the immediate preceding three (3) years; and

- The individual physician insured must have no open claims with a reserve indemnity value of \$10,000 or more or no paid indemnity claims during the experience period.

Experience Period	Credit
3 - 5 years	5%
6 - 10 years	10%
11 - 15 years	20%
16 years +	25%

- Proof of loss free status must be submitted to the underwriter from the applicant's prior insurance company.

### **S. Risk Management Credit**

Physician, surgeon and podiatrist insureds may individually qualify for additional credit to their individual premiums based on the following criteria:

- Completion of a company sponsored or accredited risk management course (e.g., seminars, on-line self-study programs).
- Validation of passing score.
- A maximum 15% discount may be earned during a calendar year.
- The discount will be applied at the insured's next policy anniversary.

### **T. Group Size Discount**

The following group size discount is based solely on the size of each individual group insured with Torus. It applies to fulltime and part-time physicians, surgeons and podiatrists. Ancillary personnel are excluded. Eligibility is evaluated annually at policy renewal. No mid-term changes are allowed.

Group Size	% Discount
5 to 9	5.0%
10 to 14	10.0%
15 to 20	12.5%
21 to 25	15.0%
26 to 30	17.5%
31 or more	20.0%

### **U. Large Account Rating Rule**

Accounts of ten (10) or more Insureds and generating \$500,000 in manual premium at limits of liability of \$1,000,000/\$3,000,000 are considered to be unique and unusual and may be (a) rated. Proper documentation as to the determination of such rate will be maintained in the underwriting file. The company will use the following table to determine premium credits:

5-Year Loss Ratio	Experience Rating Discount
0% - 15.00%	33.3%
15.01% - 25.00%	20.0%
25.01% - 35.00%	10.0%

## **V. Schedule Rating**

Healthcare providers may qualify for additional rate deviations, up or down. To qualify, the applicant must:

1. Be permanently licensed in Illinois; and
2. Primarily practice in Illinois; and
3. Maintain an Illinois address as the primary office location.

The following credits and debits are available to the physician, in addition to any automatic credits or debits described elsewhere in this section.

<b>Exposure Condition</b>	<b>Credit</b>	<b>Debit</b>
Qualifications / Training / Continuing Education, including: <ul style="list-style-type: none"><li>• Board Eligibility or Board Certification</li><li>• Hospital Affiliations or Staff Privileges</li><li>• Experience in Specialty</li><li>• Accreditation</li></ul>	7.5%	7.5%
Specialty Balance, Practice Patterns including patient load and support staff	8%	8%
Loss Experience	N/A	5-25%
Employee selection, supervision, training, and experience	5%	5%
Professional Association Membership(s)	5-10%	N/A
Unusual Risk Characteristics	15%	15%
Pain Management	N/A	5-25%
Premises Condition, care	5%	5%

The maximum schedule credit allowable is 25%. The maximum schedule debit is 25%. The schedule rating plan will be adjusted annually at the insured's anniversary.

## **W. Quarterly Premium Installment Option**

Torus offers a "quarterly" payment plan with no additional interest fee and no installment fee. This option does not apply to extended reporting coverage. 25% of the premium should be submitted when the policy is bound/renewed and 3 equal installments will be due at the 4th, 7th and 10th months. All policyholders will be offered the quarterly option. Additional premiums due as a result of endorsement activity will be spread equally among the remaining unbilled installments. If there are no remaining installments then the additional premium will be billed and due within 30 days.

## **X. Slot/FTE Rating Option**

Rating for certain physician groups may be written on a full-time equivalent basis. This is at Torus's option. Under this method, policies will be issued to cover positions or practice locations rather than specific individuals. The FTE/Slot rate will be determined based on the filed and approved rate for the classification of the healthcare provider, but will be allocated based on the average number of patient encounters / visits in a 12 month period. One FTE/slot is defined as follows:

Emergency Medicine	5,500 ER visits/year
Outpatient (fast	10,000 outpatient clinic

track) Clinic	visits/year
Urgent care clinics	9,000 per patient encounters

In the event a position/slot is eliminated, the named insured shall purchase a reporting endorsement for that position. Company applications for these healthcare providers must be submitted and approved by the Company prior to the requested start date.

## **Y. Investigation Defense Coverage**

The Company provides an optional coverage which provides additional defense (not indemnification) coverage for investigations launched against a practitioner's license and allegations of Medicare/Medicaid billing fraud or abuse. The standard policy includes "Basic" coverage as outlined below and the optional coverage can be purchased so that the scope of the coverage in these two areas is broadened. Extended and Medefense coverages must be purchased together. The total charge will be \$415.00 per the schedule below:

<b>Coverage</b>	<b>Investigation conducted by:</b>	<b>Investigation related to</b>
BASIC	State Licensing Agency; OSHA; EEOC	claims covered under the professional liability policy
EXTENDED	State Licensing Agency; OSHA; EEOC	incidents not covered under the professional liability policy
MEDEFENSE	State Dept of Health; Federal Dept of Health & Human Services; US Dept of Justice	Medicare / Medicaid fraud or abuse; or Performance of medical services in excess or violation of guidelines for appropriate utilization

<b>Coverage</b>	<b>Limit per Physician</b>	<b>Deductible</b>	<b>Premium per Physician</b>
BASIC	\$25,000 per claim \$75,000 aggregate	None	included in professional liability premium
EXTENDED	No separate limit; included in BASIC coverage limit	None	Included in Medefense premium
MEDEFENSE	\$25,000 per claim Included in \$75,000 aggregate above	\$1,000	\$415.00.

The incident causing the investigation must have occurred after the policy retroactive date, and the investigation must have commenced after the date that the optional coverage was added to the policy..

The Group Maximum Legal Expense for Medefense coverage is determined based on the size of the group.

<b>Group Size</b>	<b>Group Annual Aggregate</b>
2 - 4	\$50,000
5 - 9	\$100,000
10 - 25	\$150,000
26 +	\$250,000



## **4. PREMIUM CALCULATION AND RATES**

### **A. Premium Calculation**

Subject to the policy writing minimum premium of \$500.00 and the rating rules delineated elsewhere, the following steps shall apply to the manual calculation of premiums.

#### **1. Each Healthcare Provider**

- a. Determine the appropriate specialty classification.
- b. Determine where the healthcare provider practices a majority of their time (territory).
- c. Determine the appropriate step factor. (Rates will be "blended" for risks that are between step levels.
- d. Multiply the manual \$1,000,000/\$3,000,000 rate for the healthcare provider (physician's or ancillary personnel's specialty classification by territory) by the step factor.
- e. Multiply the result of d above by the increased or decreased limits factor, if applicable.
- f. Multiply e. above by any automatic credits, which may be available: Leave of absence, part-time, teaching, physicians new-to-private practice, and loss free credits. Note: any combination of leave of absence, part-time, teaching, loss free, group size or new-to-private practice credits cannot exceed 75% off manual (d above).
- g. Multiply f above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- h. If applicable, calculate the change in scope of practice/rating class surcharge and add it to g. above.
- i. Round result to the nearest whole dollar.

#### **2. Miscellaneous Medical Entities/Facilities**

If there is a medical laboratory (80715) for which a charge should be made:

- a. Determine the family practice (80239) \$1,000,000/\$3,000,000 specialty rate by territory at the appropriate step factor.
- b. Multiply a above by the increased or decreased limits factor, if appropriate.
- c. Multiply b above by 25%.
- d. Round to the nearest whole dollar.

#### **3. Corporation, Partnership, or Professional Association (80999)**

- a. Add all premium charges developed for the five (5) highest rated eligible named insureds.
- b. Multiply the result of a above by 10% or 5%, as appropriate per rating rules for the five (5) highest rated eligible named insureds in the group.
- c. Multiply b above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- d. Round to the nearest whole dollar.

#### **4. Final Annual Premium**

The final premium is determined by adding 1 + 2 + 3.

### **B. Physician Risk Notations**

#### **• No Surgery (NS)**

The physician does not perform any surgery or obstetrical procedures. Incising of boils and superficial fascia, suturing minor lacerations, removal of superficial skin lesions by other than surgical excision and assisting in surgery of the physician's own patients are not considered surgery.

- **Minor Risk Procedures (MRP)**

Performance of minor risk procedures increases the premium charge. Physicians who are general/family practitioners or other specialists, excluding surgeons and anesthesiologists, whose practice comprises more than 25% of the following procedures will be rated according to the highest classification that most closely approximates their practice.

Assisting in surgery on patients other than the physician's own patients

Angiography/arteriography, catheterization-transarterial or transvenous (other than arterial line in a peripheral vessel), cardiac or other diagnostic catheterization (other than Swan-Ganz, umbilical cord or urethral catheterization) – including insertion of a cardiac pacemaker, whether temporary or permanent, cervical conization, diagnostic or therapeutic dilation and curettage, fallopian tube recanalization, insertion of IUD, insertion of Palmez Balloon Expandable Stent, interstitial hyperthermia, interventional radiology such as embolization (including extracranial), percutaneous transluminal angioplasty, percutaneous nephrostomy and other drainage procedures, intracoronary streptokinase infusion, lymphangiography, myocardial biopsy, obstetrical vacuum cup, ophthalmic surgery (including surgery for glaucoma, cataract, retinal detachment, removal of benign tumors, chalazions, skin cancer from the eye lid, strabismus surgery), percutaneous therapeutic angioplasty, pericardiocentesis, pneumoencephalography, therapeutic radiology, deep (includes radium implants), ultrasound hyperthermia (superficial only), either prenatal (which may include amniocentesis) and postpartum only, and/or cephal vaginal deliveries performed in a hospital which may also include episiotomy and application of low forceps only.

- **Major Risk Procedures (MaRP)**

Performance of major risk procedures by a family or general practitioner or other similarly rated specialist increases the premium charge provided that these activities do not represent more than 25% of the physician's practice, except as noted below. If the physician's practice comprises more than 25% of these procedures, the physician will be rated to the highest classification, which generally performs such procedures on a regular and customary basis.

Obstetrical procedures (up to 24 such procedures per year): Cesarean section, mid-forceps delivery, version and extraction, breech extraction, vaginal birth after C-section (VBAC).

Orthopaedic procedures: Closed reduction of dislocations other than fingers, toes and shoulders, open reduction of fractures or dislocations, amputations (other than digits), any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or sub adjacent organs due to the fracture, any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or sub adjacent organs due to the fracture, or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

Abortions: Induced, non-spontaneous.

Other major surgery: Procedures generally attributable to specialists of obstetrics and gynecology, orthopaedic, general, cardiac, vascular, plastic, etc.

Otorhinolaryngology: Performance of elective cosmetic surgery on the head or neck increases the premium charge.

General surgeons: Performance of major risk procedures, as outlined above, generally attributable to other surgical specialists will not increase the premium charge provided these activities do not exceed 25% of the general surgeon's practice. The physician will be rated similarly to the specialty, which generally performs such procedures on a regular and customary basis where the activities exceed 25%.

### C. Physicians Classification Plan and Rates

When two or more classifications apply to a physician, assign the highest classification to the physician's specialty, defined as the specialty where he/she practices more than 25% of his/her time.

If the physician is an osteopath, the first two digits of the ISO code shall be "84" followed by the next three digits used for allopaths (MDs). For example, family practice 80420 would be 84420 for a family practitioner who is an osteopath.

#### **\$1,000,000/\$3,000,000 Rates Effective 01-01-2011**

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	3,620	7,240	11,294	13,756	14,480
Anesthesiology	Y80151	8,887	17,774	27,728	33,771	35,548
Anesthesiology-Pain Management	P80151	8,887	17,774	27,728	33,771	35,548
Bariatrics	280242	7,265	14,530	22,667	27,607	29,060
Cardiovascular Disease- Minor Surgery	80281	10,505	21,010	32,776	39,919	42,020
Cardiovascular Disease-No Surgery	80255	8,073	16,146	25,188	30,677	32,292
Dermatology-Minor Surgery	80282	4,835	9,670	15,085	18,373	19,340
Dermatology-No Surgery	80256	4,835	9,670	15,085	18,373	19,340
Diabetes- No Surgery	80237	7,265	14,530	22,667	27,607	29,060
Endocrinology- No Surgery	80238	4,835	9,670	15,085	18,373	19,340
Family Practice- No Surgery	80239	7,265	14,530	22,667	27,607	29,060
Family Practice-Minor Surgery	80273	11,315	22,630	35,303	42,997	45,260
Family Practice-Not primarily Maj S	280273	15,773	31,546	49,211	59,937	63,091
Forensic or Legal Medicine	80240	3,620	7,240	11,294	13,756	14,480
Gastroenterology- No Surgery	80241	10,505	21,010	32,776	39,919	42,020
Gastroenterology-Minor Surgery	80274	10,505	21,010	32,776	39,919	42,020
General Practice- No Surgery	80242	7,265	14,530	22,667	27,607	29,060
General Practice-Minor Surgery	80275	11,315	22,630	35,303	42,997	45,260
General Preventive Medicine- No Surgery	80231	3,620	7,240	11,294	13,756	14,480
Geriatrics- Minor Surgery	80276	10,505	21,010	32,776	39,919	42,020
Geriatrics- No Surgery	80243	4,835	9,670	15,085	18,373	19,340
Gynecology- Minor Surgery	80277	13,340	26,680	41,621	50,692	53,360
Gynecology- No Surgery	80244	8,480	16,960	26,458	32,224	33,920
Hematology- No Surgery	80245	7,265	14,530	22,667	27,607	29,060
Hospitalist-Family/General Medicine	180814	7,265	14,530	22,667	27,607	29,060
Hospitalist-Internal Medicine	280814	8,480	16,960	26,458	32,224	33,920
Hospitalist-Pediatrics	380814	5,241	10,481	16,351	19,914	20,963
Infectious Diseases- No Surgery	80246	8,073	16,146	25,188	30,677	32,292
Intensivist	80283	12,550	25,101	39,157	47,692	50,202
Internal Medicine- Minor Surgery	80284	10,505	21,010	32,776	39,919	42,020
Internal Medicine- No Surgery	80257	8,480	16,960	26,458	32,224	33,920
Laryngology- Minor Surgery	80285	10,505	21,010	32,776	39,919	42,020



Laryngology- No Surgery	80258	3,620	7,240	11,294	13,756	14,480
Neonatology- Minor Surgery	300001	10,505	21,010	32,776	39,919	42,020
Neoplastic Diseases- No Surgery	80259	7,265	14,530	22,667	27,607	29,060
Nephrology- Minor Surgery	80287	9,290	18,580	28,985	35,302	37,160
Nephrology- No Surgery	80260	8,073	16,146	25,188	30,677	32,292
Neurology- No Surgery	80261	10,505	21,010	32,776	39,919	42,020
Nuclear Medicine	180262	7,265	14,530	22,667	27,607	29,060
Occupational Medicine	80233	3,620	7,240	11,294	13,756	14,480
Oncology- No Surgery	80473	7,265	14,530	22,667	27,607	29,060
Oncology - Radiation	280473	6,455	12,910	20,140	24,529	25,820
Ophthalmology- No Surgery	80263	4,835	9,670	15,085	18,373	19,340
Orthopaedics-MRP, NMajS	280154	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- Minor Surgery	80291	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- No Surgery	80265	3,620	7,240	11,294	13,756	14,480
Pathology- No Surgery	80266	4,835	9,670	15,085	18,373	19,340
Pediatrics- Minor Surgery	80293	10,505	21,010	32,776	39,919	42,020
Pediatrics- No Surgery	80267	5,241	10,481	16,351	19,914	20,963
Physiatry or Physical Medicine and Rehabilitation	80235	3,620	7,240	11,294	13,756	14,480
Physicians- not otherwise classified- minor surgery	80294	10,505	21,010	32,776	39,919	42,020
Physicians- not otherwise classified- no surgery	80268	8,480	16,960	26,458	32,224	33,920
Podiatry- Minor Surgery	180993	4,069	8,137	12,694	15,461	16,274
Podiatry- No Surgery	380993	2,780	5,559	8,672	10,562	11,118
Psychiatry	80249	4,835	9,670	15,085	18,373	19,340
Public Health	80236	3,620	7,240	11,294	13,756	14,480
Pulmonary Diseases- No Surgery	80269	9,290	18,580	28,985	35,302	37,160
Radiology- diagnostic- Minor Surgery	80280	10,505	21,010	32,776	39,919	42,020
Radiology- diagnostic- No surgery	80253	9,290	18,580	28,985	35,302	37,160
Rheumatology- No Surgery	80252	4,835	9,670	15,085	18,373	19,340
Sleep Medicine	280269	8,480	16,960	26,458	32,224	33,920
Surgery- Cardiac	80141	28,730	57,460	89,638	109,175	114,921
Surgery- Cardiovascular Disease	80150	28,730	57,460	89,638	109,175	114,921
Surgery- Colon and Rectal	80115	13,340	26,680	41,621	50,692	53,360
Surgery- General- Not Otherwise Classified	80143	22,250	44,500	69,420	84,550	89,000
Surgery- Gynecology	80167	14,960	29,920	46,675	56,848	59,840
Surgery- Hand	80169	14,960	29,920	46,675	56,848	59,840
Surgery- Head and Neck	80170	14,960	29,920	46,675	56,848	59,840
Surgery- Neonatology or Pediatrics	80474	22,250	44,500	69,420	84,550	89,000
Surgery- Neurology	80152	51,409	102,818	160,396	195,354	205,636
Surgery- Ophthalmology	80114	7,265	14,530	22,667	27,607	29,060
Surgery- Oral/Maxillofacial	80109	7,265	14,530	22,667	27,607	29,060
Surgery- Orthopedic	80154	33,589	67,178	104,798	127,639	134,356
Surgery- Orthopedic- without procedures on the back	N80154	23,871	47,742	74,478	90,711	95,485
Surgery- Otorhinolaryngology	80159	13,340	26,680	41,621	50,692	53,360

Surgery- Plastic- Not Otherwise Classified	80156	22,250	44,500	69,420	84,550	89,000
Surgery- Plastic- Otorhinolaryngology	80155	22,250	44,500	69,420	84,550	89,000
Surgery- Thoracic	80144	28,730	57,460	89,638	109,175	114,921
Surgery- Traumatic	80171	28,730	57,460	89,638	109,175	114,921
Surgery- Urological	80145	12,125	24,250	37,830	46,075	48,500
Surgery- Vascular	80146	28,730	57,460	89,638	109,175	114,921
Urgent Care Medicine	80424	8,480	16,960	26,458	32,224	33,920
Urology-Minor Surgery	280145	10,505	21,010	32,776	39,919	42,020

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	3,077	6,154	9,600	11,693	12,308
Anesthesiology	Y80151	7,554	15,108	23,568	28,705	30,216
Anesthesiology-Pain Management	P80151	7,554	15,108	23,568	28,705	30,216
Bariatrics	280242	6,175	12,350	19,267	23,466	24,701
Cardiovascular Disease- Minor Surgery	80281	8,929	17,859	27,859	33,931	35,717
Cardiovascular Disease-No Surgery	80255	6,862	13,724	21,409	26,076	27,448
Dermatology-Minor Surgery	80282	4,110	8,220	12,823	15,617	16,439
Dermatology-No Surgery	80256	4,110	8,220	12,823	15,617	16,439
Diabetes- No Surgery	80237	6,175	12,350	19,267	23,466	24,701
Endocrinology- No Surgery	80238	4,110	8,220	12,823	15,617	16,439
Family Practice- No Surgery	80239	6,175	12,350	19,267	23,466	24,701
Family Practice-Minor Surgery	80273	9,618	19,236	30,007	36,548	38,471
Family Practice-Not primarily Maj S	280273	13,407	26,814	41,829	50,946	53,628
Forensic or Legal Medicine	80240	3,077	6,154	9,600	11,693	12,308
Gastroenterology- No Surgery	80241	8,929	17,859	27,859	33,931	35,717
Gastroenterology-Minor Surgery	80274	8,929	17,859	27,859	33,931	35,717
General Practice- No Surgery	80242	6,175	12,350	19,267	23,466	24,701
General Practice-Minor Surgery	80275	9,618	19,236	30,007	36,548	38,471
General Preventive Medicine- No Surgery	80231	3,077	6,154	9,600	11,693	12,308
Geriatrics- Minor Surgery	80276	8,929	17,859	27,859	33,931	35,717
Geriatrics- No Surgery	80243	4,110	8,220	12,823	15,617	16,439
Gynecology- Minor Surgery	80277	11,339	22,678	35,378	43,088	45,356
Gynecology- No Surgery	80244	7,208	14,416	22,489	27,390	28,832
Hematology- No Surgery	80245	6,175	12,350	19,267	23,466	24,701
Hospitalist-Family/General Medicine	180814	6,175	12,350	19,267	23,466	24,701
Hospitalist-Internal Medicine	280814	7,208	14,416	22,489	27,390	28,832
Hospitalist-Pediatrics	380814	4,455	8,909	13,898	16,927	17,818
Infectious Diseases- No Surgery	80246	6,862	13,724	21,409	26,076	27,448
Intensivist	80283	10,668	21,336	33,284	40,538	42,671
Internal Medicine- Minor Surgery	80284	8,929	17,859	27,859	33,931	35,717
Internal Medicine- No Surgery	80257	7,208	14,416	22,489	27,390	28,832
Laryngology- Minor Surgery	80285	8,929	17,859	27,859	33,931	35,717
Laryngology- No Surgery	80258	3,077	6,154	9,600	11,693	12,308
Neonatology- Minor Surgery	300001	8,929	17,859	27,859	33,931	35,717
Neoplastic Diseases- No Surgery	80259	6,175	12,350	19,267	23,466	24,701
Nephrology- Minor Surgery	80287	7,897	15,793	24,637	30,007	31,586
Nephrology- No Surgery	80260	6,862	13,724	21,409	26,076	27,448
Neurology- No Surgery	80261	8,929	17,859	27,859	33,931	35,717

Nuclear Medicine	180262	6,175	12,350	19,267	23,466	24,701
Occupational Medicine	80233	3,077	6,154	9,600	11,693	12,308
Oncology- No Surgery	80473	6,175	12,350	19,267	23,466	24,701
Oncology - Radiation	280473	5,487	10,973	17,119	20,850	21,947
Ophthalmology- No Surgery	80263	4,110	8,220	12,823	15,617	16,439
Orthopaedics-MRP, NMajS	280154	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- Minor Surgery	80291	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- No Surgery	80265	3,077	6,154	9,600	11,693	12,308
Pathology- No Surgery	80266	4,110	8,220	12,823	15,617	16,439
Pediatrics- Minor Surgery	80293	8,929	17,859	27,859	33,931	35,717
Pediatrics- No Surgery	80267	4,455	8,909	13,898	16,927	17,818
Physiatry or Physical Medicine and Rehabilitation	80235	3,077	6,154	9,600	11,693	12,308
Physicians- not otherwise classified- minor surgery	80294	8,929	17,859	27,859	33,931	35,717
Physicians- not otherwise classified- no surgery	80268	7,208	14,416	22,489	27,390	28,832
Podiatry- Minor Surgery	180993	3,458	6,917	10,790	13,142	13,833
Podiatry- No Surgery	380993	2,363	4,725	7,371	8,978	9,451
Psychiatry	80249	4,110	8,220	12,823	15,617	16,439
Public Health	80236	3,077	6,154	9,600	11,693	12,308
Pulmonary Diseases- No Surgery	80269	7,897	15,793	24,637	30,007	31,586
Radiology- diagnostic- Minor Surgery	80280	8,929	17,859	27,859	33,931	35,717
Radiology- diagnostic- No surgery	80253	7,897	15,793	24,637	30,007	31,586
Rheumatology- No Surgery	80252	4,110	8,220	12,823	15,617	16,439
Sleep Medicine	280269	7,208	14,416	22,489	27,390	28,832
Surgery- Cardiac	80141	24,421	48,841	76,193	92,799	97,683
Surgery- Cardiovascular Disease	80150	24,421	48,841	76,193	92,799	97,683
Surgery- Colon and Rectal	80115	11,339	22,678	35,378	43,088	45,356
Surgery- General- Not Otherwise Classified	80143	18,912	37,825	59,007	71,867	75,650
Surgery- Gynecology	80167	12,716	25,432	39,674	48,321	50,864
Surgery- Hand	80169	12,716	25,432	39,674	48,321	50,864
Surgery- Head and Neck	80170	12,716	25,432	39,674	48,321	50,864
Surgery- Neonatology or Pediatrics	80474	18,912	37,825	59,007	71,867	75,650
Surgery- Neurology	80152	43,698	87,395	136,337	166,051	174,791
Surgery- Ophthalmology	80114	6,175	12,350	19,267	23,466	24,701
Surgery- Oral/Maxillofacial	80109	6,175	12,350	19,267	23,466	24,701
Surgery- Orthopedic	80154	28,551	57,101	89,078	108,493	114,203
Surgery- Orthopedic- without procedures on the back	N80154	20,291	40,581	63,306	77,104	81,162
Surgery- Otorhinolaryngology	80159	11,339	22,678	35,378	43,088	45,356
Surgery- Plastic- Not Otherwise Classified	80156	18,912	37,825	59,007	71,867	75,650
Surgery- Plastic- Otorhinolaryngology	80155	18,912	37,825	59,007	71,867	75,650
Surgery- Thoracic	80144	24,421	48,841	76,193	92,799	97,683
Surgery- Traumatic	80171	24,421	48,841	76,193	92,799	97,683
Surgery- Urological	80145	10,306	20,612	32,155	39,164	41,225
Surgery- Vascular	80146	24,421	48,841	76,193	92,799	97,683
Urgent Care Medicine	80424	7,208	14,416	22,489	27,390	28,832
Urology-Minor Surgery	280145	8,929	17,859	27,859	33,931	35,717

<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>						
<b>Classification</b>	<b>ISO Code</b>	<b>Step 1 Torus</b>	<b>Step 2 Torus</b>	<b>Step 3 Torus</b>	<b>Step 4 Torus</b>	<b>Mature Torus</b>
Allergy	80254	2,534	5,068	7,906	9,629	10,136
Anesthesiology	Y80151	6,221	12,442	19,409	23,640	24,884
Anesthesiology-Pain Management	P80151	6,221	12,442	19,409	23,640	24,884
Bariatrics	280242	5,085	10,171	15,867	19,325	20,342
Cardiovascular Disease- Minor Surgery	80281	7,354	14,707	22,943	27,943	29,414
Cardiovascular Disease-No Surgery	80255	5,651	11,302	17,631	21,474	22,604
Dermatology-Minor Surgery	80282	3,385	6,769	10,560	12,861	13,538
Dermatology-No Surgery	80256	3,385	6,769	10,560	12,861	13,538
Diabetes- No Surgery	80237	5,085	10,171	15,867	19,325	20,342
Endocrinology- No Surgery	80238	3,385	6,769	10,560	12,861	13,538
Family Practice- No Surgery	80239	5,085	10,171	15,867	19,325	20,342
Family Practice-Minor Surgery	80273	7,921	15,841	24,712	30,098	31,682
Family Practice-Not primarily Maj S	280273	11,041	22,082	34,448	41,956	44,164
Forensic or Legal Medicine	80240	2,534	5,068	7,906	9,629	10,136
Gastroenterology- No Surgery	80241	7,354	14,707	22,943	27,943	29,414
Gastroenterology-Minor Surgery	80274	7,354	14,707	22,943	27,943	29,414
General Practice- No Surgery	80242	5,085	10,171	15,867	19,325	20,342
General Practice-Minor Surgery	80275	7,921	15,841	24,712	30,098	31,682
General Preventive Medicine- No Surgery	80231	2,534	5,068	7,906	9,629	10,136
Geriatrics- Minor Surgery	80276	7,354	14,707	22,943	27,943	29,414
Geriatrics- No Surgery	80243	3,385	6,769	10,560	12,861	13,538
Gynecology- Minor Surgery	80277	9,338	18,676	29,135	35,484	37,352
Gynecology- No Surgery	80244	5,936	11,872	18,520	22,557	23,744
Hematology- No Surgery	80245	5,085	10,171	15,867	19,325	20,342
Hospitalist-Family/General Medicine	180814	5,085	10,171	15,867	19,325	20,342
Hospitalist-Internal Medicine	280814	5,936	11,872	18,520	22,557	23,744
Hospitalist-Pediatrics	380814	3,668	7,337	11,446	13,940	14,674
Infectious Diseases- No Surgery	80246	5,651	11,302	17,631	21,474	22,604
Intensivist	80283	8,785	17,571	27,410	33,384	35,141
Internal Medicine- Minor Surgery	80284	7,354	14,707	22,943	27,943	29,414
Internal Medicine- No Surgery	80257	5,936	11,872	18,520	22,557	23,744
Laryngology- Minor Surgery	80285	7,354	14,707	22,943	27,943	29,414
Laryngology- No Surgery	80258	2,534	5,068	7,906	9,629	10,136
Neonatology- Minor Surgery	300001	7,354	14,707	22,943	27,943	29,414
Neoplastic Diseases- No Surgery	80259	5,085	10,171	15,867	19,325	20,342
Nephrology- Minor Surgery	80287	6,503	13,006	20,289	24,711	26,012
Nephrology- No Surgery	80260	5,651	11,302	17,631	21,474	22,604
Neurology- No Surgery	80261	7,354	14,707	22,943	27,943	29,414
Nuclear Medicine	180262	5,085	10,171	15,867	19,325	20,342
Occupational Medicine	80233	2,534	5,068	7,906	9,629	10,136
Oncology- No Surgery	80473	5,085	10,171	15,867	19,325	20,342
Oncology - Radiation	280473	4,518	9,037	14,098	17,170	18,074
Ophthalmology- No Surgery	80263	3,385	6,769	10,560	12,861	13,538
Orthopaedics-MRP, NMajS	280154	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- Minor Surgery	80291	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- No Surgery	80265	2,534	5,068	7,906	9,629	10,136

Pathology- No Surgery	80266	3,385	6,769	10,560	12,861	13,538
Pediatrics- Minor Surgery	80293	7,354	14,707	22,943	27,943	29,414
Pediatrics- No Surgery	80267	3,668	7,337	11,446	13,940	14,674
Physiatry or Physical Medicine and Rehabilitation	80235	2,534	5,068	7,906	9,629	10,136
Physicians- not otherwise classified- minor surgery	80294	7,354	14,707	22,943	27,943	29,414
Physicians- not otherwise classified- no surgery	80268	5,936	11,872	18,520	22,557	23,744
Podiatry- Minor Surgery	180993	2,848	5,696	8,886	10,823	11,392
Podiatry- No Surgery	380993	1,946	3,891	6,071	7,394	7,783
Psychiatry	80249	3,385	6,769	10,560	12,861	13,538
Public Health	80236	2,534	5,068	7,906	9,629	10,136
Pulmonary Diseases- No Surgery	80269	6,503	13,006	20,289	24,711	26,012
Radiology- diagnostic- Minor Surgery	80280	7,354	14,707	22,943	27,943	29,414
Radiology- diagnostic- No surgery	80253	6,503	13,006	20,289	24,711	26,012
Rheumatology- No Surgery	80252	3,385	6,769	10,560	12,861	13,538
Sleep Medicine	280269	5,936	11,872	18,520	22,557	23,744
Surgery- Cardiac	80141	20,111	40,222	62,747	76,422	80,445
Surgery- Cardiovascular Disease	80150	20,111	40,222	62,747	76,422	80,445
Surgery- Colon and Rectal	80115	9,338	18,676	29,135	35,484	37,352
Surgery- General- Not Otherwise Classified	80143	15,575	31,150	48,594	59,185	62,300
Surgery- Gynecology	80167	10,472	20,944	32,673	39,794	41,888
Surgery- Hand	80169	10,472	20,944	32,673	39,794	41,888
Surgery- Head and Neck	80170	10,472	20,944	32,673	39,794	41,888
Surgery- Neonatology or Pediatrics	80474	15,575	31,150	48,594	59,185	62,300
Surgery- Neurology	80152	35,986	71,973	112,277	136,748	143,945
Surgery- Ophthalmology	80114	5,085	10,171	15,867	19,325	20,342
Surgery- Oral/Maxillofacial	80109	5,085	10,171	15,867	19,325	20,342
Surgery- Orthopedic	80154	23,512	47,025	73,359	89,347	94,050
Surgery- Orthopedic- without procedures on the back	N80154	16,710	33,420	52,135	63,497	66,839
Surgery- Otorhinolaryngology	80159	9,338	18,676	29,135	35,484	37,352
Surgery- Plastic- Not Otherwise Classified	80156	15,575	31,150	48,594	59,185	62,300
Surgery- Plastic- Otorhinolaryngology	80155	15,575	31,150	48,594	59,185	62,300
Surgery- Thoracic	80144	20,111	40,222	62,747	76,422	80,445
Surgery- Traumatic	80171	20,111	40,222	62,747	76,422	80,445
Surgery- Urological	80145	8,487	16,975	26,481	32,252	33,950
Surgery- Vascular	80146	20,111	40,222	62,747	76,422	80,445
Urgent Care Medicine	80424	5,936	11,872	18,520	22,557	23,744
Urology-Minor Surgery	280145	7,354	14,707	22,943	27,943	29,414

<b>Territory 4: Remainder of State</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	1,991	3,982	6,212	7,566	7,964
Anesthesiology	Y80151	4,888	9,776	15,250	18,574	19,551
Anesthesiology-Pain Management	P80151	4,888	9,776	15,250	18,574	19,551
Bariatrics	280242	3,996	7,991	12,467	15,184	15,983
Cardiovascular Disease- Minor Surgery	80281	5,778	11,556	18,027	21,956	23,111
Cardiovascular Disease-No Surgery	80255	4,440	8,880	13,853	16,872	17,761
Dermatology-Minor Surgery	80282	2,659	5,319	8,297	10,105	10,637

Dermatology-No Surgery	80256	2,659	5,319	8,297	10,105	10,637
Diabetes- No Surgery	80237	3,996	7,991	12,467	15,184	15,983
Endocrinology- No Surgery	80238	2,659	5,319	8,297	10,105	10,637
Family Practice- No Surgery	80239	3,996	7,991	12,467	15,184	15,983
Family Practice-Minor Surgery	80273	6,223	12,447	19,417	23,648	24,893
Family Practice-Not primarily Maj S	280273	8,675	17,350	27,066	32,965	34,700
Forensic or Legal Medicine	80240	1,991	3,982	6,212	7,566	7,964
Gastroenterology- No Surgery	80241	5,778	11,556	18,027	21,956	23,111
Gastroenterology-Minor Surgery	80274	5,778	11,556	18,027	21,956	23,111
General Practice- No Surgery	80242	3,996	7,991	12,467	15,184	15,983
General Practice-Minor Surgery	80275	6,223	12,447	19,417	23,648	24,893
General Preventive Medicine- No Surgery	80231	1,991	3,982	6,212	7,566	7,964
Geriatrics- Minor Surgery	80276	5,778	11,556	18,027	21,956	23,111
Geriatrics- No Surgery	80243	2,659	5,319	8,297	10,105	10,637
Gynecology- Minor Surgery	80277	7,337	14,674	22,891	27,881	29,348
Gynecology- No Surgery	80244	4,664	9,328	14,552	17,723	18,656
Hematology- No Surgery	80245	3,996	7,991	12,467	15,184	15,983
Hospitalist-Family/General Medicine	180814	3,996	7,991	12,467	15,184	15,983
Hospitalist-Internal Medicine	280814	4,664	9,328	14,552	17,723	18,656
Hospitalist-Pediatrics	380814	2,882	5,765	8,993	10,953	11,529
Infectious Diseases- No Surgery	80246	4,440	8,880	13,853	16,872	17,761
Intensivist	80283	6,903	13,805	21,536	26,230	27,611
Internal Medicine- Minor Surgery	80284	5,778	11,556	18,027	21,956	23,111
Internal Medicine- No Surgery	80257	4,664	9,328	14,552	17,723	18,656
Laryngology- Minor Surgery	80285	5,778	11,556	18,027	21,956	23,111
Laryngology- No Surgery	80258	1,991	3,982	6,212	7,566	7,964
Neonatology- Minor Surgery	300001	5,778	11,556	18,027	21,956	23,111
Neoplastic Diseases- No Surgery	80259	3,996	7,991	12,467	15,184	15,983
Nephrology- Minor Surgery	80287	5,110	10,219	15,942	19,416	20,438
Nephrology- No Surgery	80260	4,440	8,880	13,853	16,872	17,761
Neurology- No Surgery	80261	5,778	11,556	18,027	21,956	23,111
Nuclear Medicine	180262	3,996	7,991	12,467	15,184	15,983
Occupational Medicine	80233	1,991	3,982	6,212	7,566	7,964
Oncology- No Surgery	80473	3,996	7,991	12,467	15,184	15,983
Oncology - Radiation	280473	3,550	7,100	11,077	13,491	14,201
Ophthalmology- No Surgery	80263	2,659	5,319	8,297	10,105	10,637
Orthopaedics-MRP, NMajS	280154	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- Minor Surgery	80291	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- No Surgery	80265	1,991	3,982	6,212	7,566	7,964
Pathology- No Surgery	80266	2,659	5,319	8,297	10,105	10,637
Pediatrics- Minor Surgery	80293	5,778	11,556	18,027	21,956	23,111
Pediatrics- No Surgery	80267	2,882	5,765	8,993	10,953	11,529
Physiatry or Physical Medicine and Rehabilitation	80235	1,991	3,982	6,212	7,566	7,964
Physicians- not otherwise classified- minor surgery	80294	5,778	11,556	18,027	21,956	23,111
Physicians- not otherwise classified- no surgery	80268	4,664	9,328	14,552	17,723	18,656
Podiatry- Minor Surgery	180993	2,238	4,475	6,982	8,503	8,951
Podiatry- No Surgery	380993	1,529	3,058	4,770	5,809	6,115
Psychiatry	80249	2,659	5,319	8,297	10,105	10,637



Public Health	80236	1,991	3,982	6,212	7,566	7,964
Pulmonary Diseases- No Surgery	80269	5,110	10,219	15,942	19,416	20,438
Radiology- diagnostic- Minor Surgery	80280	5,778	11,556	18,027	21,956	23,111
Radiology- diagnostic- No surgery	80253	5,110	10,219	15,942	19,416	20,438
Rheumatology- No Surgery	80252	2,659	5,319	8,297	10,105	10,637
Sleep Medicine	280269	4,664	9,328	14,552	17,723	18,656
Surgery- Cardiac	80141	15,802	31,603	49,301	60,046	63,207
Surgery- Cardiovascular Disease	80150	15,802	31,603	49,301	60,046	63,207
Surgery- Colon and Rectal	80115	7,337	14,674	22,891	27,881	29,348
Surgery- General- Not Otherwise Classified	80143	12,237	24,475	38,181	46,502	48,950
Surgery- Gynecology	80167	8,228	16,456	25,671	31,266	32,912
Surgery- Hand	80169	8,228	16,456	25,671	31,266	32,912
Surgery- Head and Neck	80170	8,228	16,456	25,671	31,266	32,912
Surgery- Neonatology or Pediatrics	80474	12,237	24,475	38,181	46,502	48,950
Surgery- Neurology	80152	28,275	56,550	88,218	107,445	113,100
Surgery- Ophthalmology	80114	3,996	7,991	12,467	15,184	15,983
Surgery- Oral/Maxillofacial	80109	3,996	7,991	12,467	15,184	15,983
Surgery- Orthopedic	80154	18,474	36,948	57,639	70,201	73,896
Surgery- Orthopedic- without procedures on the back	N80154	13,129	26,258	40,963	49,891	52,517
Surgery- Otorhinolaryngology	80159	7,337	14,674	22,891	27,881	29,348
Surgery- Plastic- Not Otherwise Classified	80156	12,237	24,475	38,181	46,502	48,950
Surgery- Plastic- Otorhinolaryngology	80155	12,237	24,475	38,181	46,502	48,950
Surgery- Thoracic	80144	15,802	31,603	49,301	60,046	63,207
Surgery- Traumatic	80171	15,802	31,603	49,301	60,046	63,207
Surgery- Urological	80145	6,669	13,337	20,806	25,341	26,675
Surgery- Vascular	80146	15,802	31,603	49,301	60,046	63,207
Urgent Care Medicine	80424	4,664	9,328	14,552	17,723	18,656
Urology-Minor Surgery	280145	5,778	11,556	18,027	21,956	23,111

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	1,629	3,258	5,083	6,190	6,516
Anesthesiology	Y80151	3,999	7,998	12,477	15,197	15,997
Anesthesiology-Pain Management	P80151	3,999	7,998	12,477	15,197	15,997
Bariatrics	280242	3,269	6,538	10,200	12,423	13,077
Cardiovascular Disease- Minor Surgery	80281	4,727	9,455	14,749	17,964	18,909
Cardiovascular Disease-No Surgery	80255	3,633	7,266	11,334	13,805	14,531
Dermatology-Minor Surgery	80282	2,176	4,352	6,788	8,268	8,703
Dermatology-No Surgery	80256	2,176	4,352	6,788	8,268	8,703
Diabetes- No Surgery	80237	3,269	6,538	10,200	12,423	13,077
Endocrinology- No Surgery	80238	2,176	4,352	6,788	8,268	8,703
Family Practice- No Surgery	80239	3,269	6,538	10,200	12,423	13,077
Family Practice-Minor Surgery	80273	5,092	10,184	15,886	19,349	20,367

Family Practice-Not primarily Maj S	280273	7,098	14,196	22,145	26,971	28,391
Forensic or Legal Medicine	80240	1,629	3,258	5,083	6,190	6,516
Gastroenterology- No Surgery	80241	4,727	9,455	14,749	17,964	18,909
Gastroenterology-Minor Surgery	80274	4,727	9,455	14,749	17,964	18,909
General Practice- No Surgery	80242	3,269	6,538	10,200	12,423	13,077
General Practice-Minor Surgery	80275	5,092	10,184	15,886	19,349	20,367
General Preventive Medicine- No Surgery	80231	1,629	3,258	5,083	6,190	6,516
Geriatrics- Minor Surgery	80276	4,727	9,455	14,749	17,964	18,909
Geriatrics- No Surgery	80243	2,176	4,352	6,788	8,268	8,703
Gynecology- Minor Surgery	80277	6,003	12,006	18,729	22,811	24,012
Gynecology- No Surgery	80244	3,816	7,632	11,906	14,501	15,264
Hematology- No Surgery	80245	3,269	6,538	10,200	12,423	13,077
Hospitalist-Family/General Medicine	180814	3,269	6,538	10,200	12,423	13,077
Hospitalist-Internal Medicine	280814	3,816	7,632	11,906	14,501	15,264
Hospitalist-Pediatrics	380814	2,358	4,717	7,358	8,961	9,433
Infectious Diseases- No Surgery	80246	3,633	7,266	11,334	13,805	14,531
Intensivist	80283	5,648	11,295	17,621	21,461	22,591
Internal Medicine- Minor Surgery	80284	4,727	9,455	14,749	17,964	18,909
Internal Medicine- No Surgery	80257	3,816	7,632	11,906	14,501	15,264
Laryngology- Minor Surgery	80285	4,727	9,455	14,749	17,964	18,909
Laryngology- No Surgery	80258	1,629	3,258	5,083	6,190	6,516
Neonatology- Minor Surgery	300001	4,727	9,455	14,749	17,964	18,909
Neoplastic Diseases- No Surgery	80259	3,269	6,538	10,200	12,423	13,077
Nephrology- Minor Surgery	80287	4,181	8,361	13,043	15,886	16,722
Nephrology- No Surgery	80260	3,633	7,266	11,334	13,805	14,531
Neurology- No Surgery	80261	4,727	9,455	14,749	17,964	18,909
Nuclear Medicine	180262	3,269	6,538	10,200	12,423	13,077
Occupational Medicine	80233	1,629	3,258	5,083	6,190	6,516
Oncology- No Surgery	80473	3,269	6,538	10,200	12,423	13,077
Oncology - Radiation	280473	2,905	5,809	9,063	11,038	11,619
Ophthalmology- No Surgery	80263	2,176	4,352	6,788	8,268	8,703
Orthopaedics-MRP, NMajS	280154	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- Minor Surgery	80291	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- No Surgery	80265	1,629	3,258	5,083	6,190	6,516
Pathology- No Surgery	80266	2,176	4,352	6,788	8,268	8,703



Pediatrics- Minor Surgery	80293	4,727	9,455	14,749	17,964	18,909
Pediatrics- No Surgery	80267	2,358	4,717	7,358	8,961	9,433
Physiatry or Physical Medicine and Rehabilitation	80235	1,629	3,258	5,083	6,190	6,516
Physicians- not otherwise classified- minor surgery	80294	4,727	9,455	14,749	17,964	18,909
Physicians- not otherwise classified- no surgery	80268	3,816	7,632	11,906	14,501	15,264
Podiatry- Minor Surgery	180993	1,831	3,662	5,712	6,957	7,324
Podiatry- No Surgery	380993	1,251	2,502	3,903	4,753	5,003
Psychiatry	80249	2,176	4,352	6,788	8,268	8,703
Public Health	80236	1,629	3,258	5,083	6,190	6,516
Pulmonary Diseases- No Surgery	80269	4,181	8,361	13,043	15,886	16,722
Radiology- diagnostic- Minor Surgery	80280	4,727	9,455	14,749	17,964	18,909
Radiology- diagnostic- No surgery	80253	4,181	8,361	13,043	15,886	16,722
Rheumatology- No Surgery	80252	2,176	4,352	6,788	8,268	8,703
Sleep Medicine	280269	3,816	7,632	11,906	14,501	15,264
Surgery- Cardiac	80141	12,929	25,857	40,337	49,129	51,714
Surgery- Cardiovascular Disease	80150	12,929	25,857	40,337	49,129	51,714
Surgery- Colon and Rectal	80115	6,003	12,006	18,729	22,811	24,012
Surgery- General- Not Otherwise Classified	80143	10,012	20,025	31,239	38,047	40,050
Surgery- Gynecology	80167	6,732	13,464	21,004	25,582	26,928
Surgery- Hand	80169	6,732	13,464	21,004	25,582	26,928
Surgery- Head and Neck	80170	6,732	13,464	21,004	25,582	26,928
Surgery- Neonatology or Pediatrics	80474	10,012	20,025	31,239	38,047	40,050
Surgery- Neurology	80152	23,134	46,268	72,178	87,910	92,536
Surgery- Ophthalmology	80114	3,269	6,538	10,200	12,423	13,077
Surgery- Oral/Maxillofacial	80109	3,269	6,538	10,200	12,423	13,077
Surgery- Orthopedic	80154	15,115	30,230	47,159	57,437	60,460
Surgery- Orthopedic- without procedures on the back	N80154	10,742	21,484	33,515	40,820	42,968
Surgery- Otorhinolaryngology	80159	6,003	12,006	18,729	22,811	24,012
Surgery- Plastic- Not Otherwise Classified	80156	10,012	20,025	31,239	38,047	40,050
Surgery- Plastic- Otorhinolaryngology	80155	10,012	20,025	31,239	38,047	40,050
Surgery- Thoracic	80144	12,929	25,857	40,337	49,129	51,714
Surgery- Traumatic	80171	12,929	25,857	40,337	49,129	51,714
Surgery- Urological	80145	5,456	10,912	17,023	20,734	21,825
Surgery- Vascular	80146	12,929	25,857	40,337	49,129	51,714

Urgent Care Medicine	80424	3,816	7,632	11,906	14,501	15,264
Urology-Minor Surgery	280145	4,727	9,455	14,749	17,964	18,909

#### **D. Ancillary Personnel Classifications and Rates**

The following ancillary personnel may purchase and therefore, be afforded their own separate limits of liability by specifically listing such persons as additional named insureds on the policy. The limits of liability must be equal to those of the individual physician or professional corporation. The rate is as shown and not subject to step adjustment.

If separate limits are not desired by the listed allied healthcare professionals, 50% of the otherwise applicable ancillary base rate will be charged in order for the ancillary employee to share in the physicians limits or the separate corporate limit if one is present.

There is no charge for other allied healthcare professionals (80998). They share in the named insured's limit of liability. They are not eligible for a separate limit of liability. All other code 80998 for which there is no additional premium charge include: audiologists, medical aides, research PhDs, full time medical students, medical laboratory technicians, OR technicians, opticians, physiotherapists, dental hygienists, scrub nurses, x-ray technicians with and without therapy.

#### **\$1,000,000/\$3,000,000 Manual Rates Effective 01-01-2011**

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	2,229
Chiropractor	80410	5,373
Dialysis Technician	71514	1,743
Nurse Practitioner	71510	1,743
Optometrist	71517	773
Orthopaedic Tech/ Ortho RN	71515	6,720
Physician Assistant	71520	1,743
Psychologist	71525	1,160
Psychotherapist	71521	1,160
Surgical Assistant	71523	1,743

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,894
Chiropractor	80410	4,567
Dialysis Technician	71514	1,482
Nurse Practitioner	71510	1,482
Optometrist	71517	657
Orthopaedic Tech/ Ortho RN	71515	5,712
Physician Assistant	71520	1,482
Psychologist	71525	986
Psychotherapist	71521	986
Surgical Assistant	71523	1,482

<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,560
Chiropractor	80410	3,761
Dialysis Technician	71514	1,220
Nurse Practitioner	71510	1,220
Optometrist	71517	541
Orthopaedic Tech/ Ortho RN	71515	4,704
Physician Assistant	71520	1,220
Psychologist	71525	812
Psychotherapist	71521	812
Surgical Assistant	71523	1,220

<b>Territory 4: Remainder of State</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,226
Chiropractor	80410	2,955
Dialysis Technician	71514	959
Nurse Practitioner	71510	959
Optometrist	71517	425
Orthopaedic Tech/ Ortho RN	71515	3,696
Physician Assistant	71520	959
Psychologist	71525	638
Psychotherapist	71521	638
Surgical Assistant	71523	959

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,003
Chiropractor	80410	2,418
Dialysis Technician	71514	785
Nurse Practitioner	71510	785
Optometrist	71517	348
Orthopaedic Tech/ Ortho RN	71515	3,024
Physician Assistant	71520	785
Psychologist	71525	522
Psychotherapist	71521	522
Surgical Assistant	71523	785

\*Corporate liability is computed as a percentage of the five (5) highest rated eligible named insureds.

### **E. Territory Definitions and Factors**

<b>Territory</b>	<b>County</b>	<b>Factor</b>
Territory 1	Cook, Madison, St. Clair	1.818
Territory 2	Will, Vermillion, Lake, McHenry, Winnebago	1.545
Territory 3	Jackson, Kane, Kankakee, Bureau, Champaign, Coles, DeKalb, DuPage, Effingham, LaSalle, Macon, Randolph	1.273
Territory 4	ROS	1.00
Territory 5	Adams, Knox, Peoria, Rock Island	.818

### **F. Decreased/Increased Limits Factors**

<b>Limit</b>	<b>Factor</b>
\$500,000/\$1,500,000	0.75
\$1,000,000/\$3,000,000	1.00

# **Medical Professional Liability Underwriting Manual**

**For the  
Torus National Insurance Company  
("Torus")**

**Medical Professional Liability  
Insurance Program**

**01-01-2013**

# Medical Professional Liability Underwriting Manual

## *Table of Contents*

	<b>Topic</b>	<b>Page</b>
<b>1</b>	<b>General Overview</b>	<b>4</b>
<b>2</b>	<b>Application Process</b>	<b>4</b>
	<b>A. General Rules</b>	<b>4</b>
	<b>B. File documentation – New Business</b>	<b>4</b>
	<b>C. File Documentation – Renewal Business</b>	<b>5</b>
	<b>D. File Documentation – Midterm Changes</b>	<b>5</b>
<b>3</b>	<b>Underwriting Guidelines and Rating Rules</b>	<b>6</b>
	<b>A. Eligible Healthcare Providers</b>	<b>6</b>
	<b>B. Limits of Liability</b>	<b>6</b>
	<b>C. Policy Period</b>	<b>6</b>
	<b>D. Territory</b>	<b>6</b>
	<b>E. Retroactive Coverage</b>	<b>6</b>
	<b>F. Claims Made Step Factors</b>	<b>7</b>
	<b>G. Cancellation and Nonrenewal</b>	<b>7</b>
	<b>H. Suspended Coverage</b>	<b>7</b>
	<b>I. Extended Reporting Period</b>	<b>8</b>
	<b>J. Corporation/Entity</b>	<b>9</b>
	<b>K. Part-time Physicians</b>	<b>9</b>
	<b>L. Locum Tenens</b>	<b>10</b>
	<b>M. New-to-private Practice</b>	<b>10</b>
	<b>N. Teaching Physicians</b>	<b>10</b>
	<b>O. Physicians in Training</b>	<b>11</b>
	<b>P. Miscellaneous Medical Entities/Facilities</b>	<b>11</b>
	<b>Q. Location of Practice</b>	<b>11</b>
	<b>R. Loss Free Credit</b>	<b>11</b>
	<b>S. Risk Management Credit</b>	<b>12</b>

	<b>T. Group Size Discount</b>	<b>12</b>
	<b>U. Large Account Rating Rule</b>	<b>12</b>
	<b>V. Schedule Rating</b>	<b>13</b>
	<b>W. Quarterly Premium Installment Option</b>	<b>13</b>
	<b>X. Slot/FTE Coverage</b>	<b>13</b>
	<b>Y. Broad Form Defense Optional Coverage</b>	<b>14</b>
<b>4</b>	<b>Premium Calculation and Rates</b>	<b>15</b>
	<b>A. Premium Calculation</b>	<b>15</b>
	<b>B. Physician Risk Notations</b>	<b>15</b>
	<b>C. Physicians Classification Plan and Rates</b>	<b>17</b>
	<b>Territory 1:</b>	<b>17</b>
	<b>Territory 2:</b>	<b>19</b>
	<b>Territory 3:</b>	<b>21</b>
	<b>Territory 4:</b>	<b>22</b>
	<b>Territory 5:</b>	<b>24</b>
	<b>D. Ancillary Personnel classifications and Rates</b>	<b>27</b>
	<b>Territory 1:</b>	<b>27</b>
	<b>Territory 2:</b>	<b>27</b>
	<b>Territory 3:</b>	<b>28</b>
	<b>Territory 4:</b>	<b>28</b>
	<b>Territory 5:</b>	<b>28</b>
	<b>E. Territory Definitions and Factors</b>	<b>29</b>
	<b>F. Decreased/Increased Limits Factors</b>	<b>29</b>

## **1. GENERAL OVERVIEW**

This program is limited to healthcare providers licensed in and who primarily practice in the State of Illinois.

This Company underwriting manual provides the guidelines used by all approved underwriters. The manual rates and rules are limited to claims made medical professional liability insurance for healthcare providers, their employees and corporate entities. Any coverages outside those covered in this manual are ineligible for this program.

Insureds will receive their own individual policies or will be listed as additional insureds on a master "clinic" policy that may cover a group practice. Each healthcare provider insured will receive \$1,000,000/\$3,000,000 or \$500,000/\$1,500,000 each and every limits. Loss adjustment expenses, such as legal fees, are outside (in addition to) the limits of liability.

Torus has entered into a marketing arrangement with RPS HEALTHCARE, an experienced wholesale insurance broker located in Chicago, IL. RPS HEALTHCARE will be responsible for appointing retail agents to solicit eligible applicants, receive and evaluate eligible applicants and bind eligible applicants to the company. . RPS HEALTHCARE may not interpret the policy coverage other than as stated within the guidelines. These guidelines delineate the rules that apply to the underwriting process.

## **2. APPLICATION PROCESS**

All applications must be reviewed by an underwriter for accuracy and completeness. Premium indications for new business may be released based on applications from other companies. However, in order to bind coverage with the Company, a signed and dated original application must be on file prior to binding.

### **A. General Rules**

1. All applications must be completed in their entirety and signed and dated, in ink, by the applicant. Applications, dated more than 60 days in advance of the policy effective date, will need to be updated within 30 days of the policy effective date using a "No Known Claims" affidavit.
2. Any discrepancies between the information on the application and other supplemental material must be reconciled and the underwriting file properly documented.
3. All correspondence and applications must be date-stamped.
4. Any information obtained via telephone must be documented in the underwriting file with the date and underwriter's initials.
5. Applications are not to be altered in any way. Clarifying or additional information should be documented on a separate sheet of paper, dated, showing the name of the person from whom the underwriter obtained the information and initialed by the underwriter.
6. A "No Known Claims" affidavit must be included with applications from healthcare providers previously insured with a company rated "B" or lower from A. M. Best's, regardless whether retroactive coverage is requested or not. Other rating agencies are not an acceptable substitution for A.M. Best's.
7. A "No Known Claims" affidavit must be included with applications from healthcare providers requesting limits of liability greater than their immediate past insurer.

### **B. File Documentation: New Business**

1. A completed, signed and dated application for medical malpractice insurance.
2. Detailed claim information from the prior medical malpractice insurance company(s) for the immediate prior 5 (five) years, valued within 90 days of proposed effective date. The claim report should include, if available, incidents and claims, indemnity payments and reserves and expenses, claim(s) made date, notice date, and description of loss. Claims or incidents closed



- without payment should also be included.
3. Premium rating worksheet, showing modifications and justifications for credits/debits.
  4. Declarations page from immediate prior insurer, clearly showing effective and expiration date, retroactive date, limits of liability, medical specialty, and Insurance Services Office (ISO) code (if available). Any manuscript endorsements from prior company, which alter standard coverage.
  5. Written request by the insured to bind coverage.
  6. Correspondence.
  7. Quote letter as may be necessary and/or applicable.
  8. Any additional information as may be requested or required by the underwriter to fully evaluate the risk.

### **C. File Documentation: Renewal Business**

**Renewal applications are minimally required every three years. However, at the underwriter's discretion, a renewal application may be requested more often. With or without a current renewal application, the following is required for proper documentation of all renewal requests/files.**

1. Evidence of renewal request.
2. Claim report update, including prior carriers, and current claims and incidents from the company, valued within 90 days prior to effective date.
3. Premium rating worksheet, as necessary, showing modifications and justifications for any applied credits/debits.
4. The company form of renewal coverage, including forms list, list of endorsements, and copies of manuscript endorsements.
5. Correspondence.
6. Quote letter, as may be necessary and applicable.
7. Written request from insured to bind coverage.

### **D. File Documentation: Midterm Changes**

1. All endorsements should be sequentially numbered.
2. All reductions or deletions of coverage must be in writing, from the insured, and dated and signed by the insured prior to the **effective date** of the proposed reduction or deletion.
3. All requests for limits of liability changes, up or down, must include a "No Known Claims" affidavit.
4. Midterm limits changes are strongly discouraged and not allowed within 90 days of policy expiration.
5. The underwriter, in accordance with the guidelines set forth herein, may handle all other requests for midterm changes.

### **3. UNDERWRITING GUIDELINES AND RATING RULES**

#### **A. Eligible Healthcare Providers**

- Must hold a valid, temporary or permanent, license to practice medicine in the state of IL.
- 75% or more of the healthcare provider's practice must be in the state of IL. If the healthcare provider also practices in a contiguous state to IL, eligibility will be determined on an exception basis.
- Favorable loss history, meaning no more than three reported incidents in the immediate preceding five years; no more than one paid claim in the immediate preceding five years. (An incident is defined as a reported event with a reserve of less than \$10,000.)
- Board certified or eligible preferred (if applicable).
- Foreign or international medical school graduates must have passed FLEX or ECFMG or be Fifth Pathway certified.
- The physicians should have unrestricted admitting privileges at an Illinois hospital
- No OB practice, whether incidental or not.
- No emergency medicine practice, except for rotation as a requirement for unrestricted admitting privileges.
- **ANY DEVIATION FROM THE FOREGOING ELIGIBILITY REQUIREMENTS REQUIRES THE EXPRESS WRITTEN APPROVAL OF AN OFFICER OF TORUS.**

#### **B. Limits of Liability**

- \$1,000,000 per claim/\$3,000,000 aggregate per physician and PC (if applicable).
- \$1,000,000 per claim/\$3,000,000 aggregate per corporate entity if a group elects to purchase a separate limit of liability for the corporate entity.
- \$1,000,000 per claim/\$3,000,000 aggregate per specified allied healthcare providers if they elect to carry separate limits of liability.
- Limits of \$500,000/\$1,500,000 are available on an exception basis.

#### **C. Policy Period**

- Policies will be written for a twelve-month period beginning with the policy effective date and ending at the policy expiration date.
- Insureds being added to clinic policies may have an individual effective date within the policy period that differs from the master policy but their expiration date will always be concurrent with the master policy expiration date.
- **Extending a policy:** Underwriter discretion and the aggregate limit of liability will be extended not reinstated.

#### **D. Territory**

- To determine appropriate territory, the healthcare provider will be rated to the highest territorial location where he or she practices more than 25% of the time. Practice location is defined as the primary office location for office-based practitioners and hospital location for hospital-based practitioners.

#### **E. Retroactive Coverage**

- Retroactive coverage may not be offered over uninsured periods or over prior occurrence coverage. Retroactive coverage may only be offered when the following conditions are met:
  - There is continuous claims made coverage from the proposed retroactive date to the proposed effective date of coverage with the company.

- Limits of liability for the retroactive period cannot be greater than the limits of liability for the active, current policy.
- The prior company over which retroactive coverage is being provided must be rated B or better by *A. M. Best's*. If the prior company is unrated by *A. M. Best's*, the applicant must be referred to Torus management for approval.
- The prior company cannot be financially impaired or insolvent.

## **F. Claims Made Step Factors**

- Year 1 = 25% of Year 5 manual rate
- Year 2 = 50% of Year 5 manual rate
- Year 3 = 78% of Year 5 manual rate
- Year 4 = 95% of Year 5 manual rate
- Year 5 = 100% of Year 5 manual rate
- Rates will be blended for rating purposes when claims made coverage has been provided for risks that do not have a retroactive date that is equal to the effective date of coverage and are not mature (i.e. Between step levels).

## **G. Cancellation/Nonrenewal**

- Requests by an insured for cancellation must be in writing, show the effective date of cancellation, and provide a reason.
- A properly executed lost policy release or the original form of coverage should be included in the underwriting file.
- A copy of the letter offering extended reporting coverage, if applicable, must be included in the underwriting file.
- In general, backdating of cancellations is not allowed.
- An insured may request a cancellation at any time.
- RPS Healthcare with concurrence from Torus may only cancel or nonrenew insureds for specific reasons.
- Any return premium will be developed based on a pro rata basis less 10% when the insured requests cancellation for any reason except death, disability or retirement or the insured's policy is cancelled and rewritten as a new policy by the company.
- If the company nonrenews or cancels the insured's policy, any return premium will be developed on a pro rata basis.

## **H. Suspended Coverage**

- A healthcare provider who becomes continuously disabled or takes a leave of absence for a period of 45 days or more will be eligible for restricted coverage at a reduced rate – 25% of the applicable full-time rate for the healthcare provider's specialty.
- This rate will be applied retroactively to the first day of disability or leave of absence and continue until the physician returns to active practice.
- The disability or leave of absence must be continuous and last no more than one calendar year.
- At the end of the calendar year, the healthcare provider must terminate his or her policy. ERP will be offered at the rates in effect at the terminating policy's effective date. If the policy effective date is not concurrent with the effective date of the healthcare provider's disability or leave of absence, the reduced rate will be adjusted, if applicable, at the policy renewal.

## **I. Extended Reporting Period**

- If a healthcare provider terminates coverage, he/she may be eligible to receive “free” or purchase extended reporting period (ERP) coverage, provided the conditions of the Torus coverage are met. Once those conditions are met, a cancellation endorsement must be issued to the healthcare provider. The healthcare provider must request ERP coverage in writing. A copy of the insured’s request and the cancellation endorsement must be included in the underwriting file.
- Upon payment of additional policy premium and/or ERP premium, as applicable, and issuance of the cancellation endorsement, the ERP endorsement may be issued.
- There is no additional premium charge for ERP coverage if the following conditions are met:
  - The healthcare provider dies (provide a copy of the death certificate).
  - The healthcare provider becomes totally disabled (provide a copy of the treating physician’s letter delineating the disability). Total disability is defined as the inability to perform any of the healthcare provider’s day-to-day tasks as healthcare provider and this disability is expected to continue indefinitely.
  - The healthcare provider completely retires from the practice of medicine for remuneration after having been continuously insured with Torus (or its predecessor) for the immediate preceding five (5) years.
    - Retirement means the permanent conclusion of and complete withdrawal from one’s working or professional career as a physician.
    - A credit toward the purchase of the reporting endorsement is computed as follows:
      - One-sixtieth (1/60) of the premium for each consecutive full month the physician has had coverage with Torus for up to a total credit of 100%, regardless of the physician’s age at retirement.
      - Coverage with previous claims made carriers may be substituted in lieu of Torus’s coverage so long as the health care provider is insured with Torus for at least one year prior to requesting the reporting endorsement.
      - Waiver of the full premium for a reporting endorsement based on retirement will be granted only once to a health care provider.
- The following extended reporting factors are used in determining the ERP premium. All rating factors applicable during the ERP rating period will be considered when the ERP premium is calculated (i.e. medical specialties, territory, limits).

Years of Retroactive Coverage	ERP Factors
1	3.306
2	3.153
3	2.401
4	2.196
5 or more	2.18

- If coverage with a retroactive date of less than six months to the termination date has been afforded, the premium for the ERP coverage will be developed per the above factors and a prorate factor will be applied.
- Premium can be paid over a three year period. 50% of the total premium will be due during the first year, 30% during the second year and 20% the third year. Semi annual installments will be offered. A 2.4% finance charge will be applicable to each installment.

## **J. Corporation/Entity**

- A separate limit of liability is available to the PC, SC or LLC. Bona fide miscellaneous employees share in this limit.
- The charge for a separate \$1,000,000/\$3,000,000 limit for the corporation is 10% of the adjusted premium for the five (5) highest rated healthcare providers in the PC. Should the entity have fewer than five but more than one healthcare provider, the charge for such separate limit shall be 10% of the sum of adjusted premium for all healthcare providers.
- The charge for the corporation to share in the healthcare providers' limits and NOT provide a separate limit of liability to the PC is 5% of the adjusted premium for the five highest rated healthcare providers in the PC.
- A separate corporation limit is not available to solo practitioners. There is no additional premium charge to allow the corporation to share in the solo practitioners limits of liability if approved in the underwriting process.

## **K. Part-Time Physicians**

The following part-time categories may be applicable to the individual physician if the criteria are met by the physician.

1. The individual physician is "retired, not in practice:"
  - Coverage is limited to the occasional treatment of friends and relatives without remuneration.
  - The premium shall be 20% of the rate applicable to the lowest specialty designation based on the individual physician's territory, limits and maturity year. The original policy must be written retroactive date inception.
  - A part-time application is required.
2. The criteria for part-time consideration for all other physicians are as follows.
  - Part-time rates are available to healthcare providers who work on average 21 hours or fewer per week.
  - Average weekly practice time as determined by the insured's written representation of hours per week is defined as and includes:
    - Completion of patient medical records;
    - Consultations;
    - All clinical patient care, including hospital rounds; or
    - Time in the hospital.
  - The healthcare provider must authorize Torus to receive a copy of his/or her schedule for all facilities/locations where they may practice.
  - The part-time rate is 60% of the applicable full-time rate for the healthcare provider's specialty.
  - **NOTE:** Healthcare providers may not apply for part-time status and simultaneously request cancellation of their coverage. If the physician terminates the policy within six (6) months of a reduction to part-time, the reporting endorsement premium calculation shall be made at the standard full –time premium previously in effect.
3. "Free Medical Clinic" Coverage
  - Individual physicians whose sole insurable practice is rendering medical professional services in a "Free Medical Clinic" for no remuneration may be eligible for an annual rate of \$100.00 for limits of \$1 million/\$3 million, regardless of step, territory, or specialty. The premium is flat and cannot be lowered for any reason.
  - The physician cannot reduce this specialty from any other rating specialty in this manual.

- No retroactive coverage is afforded for the physician rendering medical professional services outside of a "Free Medical Clinic."
- Upon termination of the policy, the physician will be eligible for extended reporting coverage at no additional charge for this policy. The physician must request extended reporting coverage per our rules in this manual.

### **L. Locum Tenens**

- Physicians providing locum tenens coverage to insured physicians are automatically covered at no additional charge provided that:
  - They share in the insured physician's limit of liability.
  - The period of coverage does not exceed 30 continuous days or 60 total days in any given rolling twelve months.
  - The locum tenens physician coverage will be limited to the coverage and restrictions, if any, as enjoyed by the insured physician. The locum tenens physician should be the same specialty as the insured physician. E.g., Family practice for family practice, pediatrician for pediatrician, etc.
  - The underwriting file should reflect prior approval of all locum tenens physicians' requests, including dates of coverage, name, specialty, address, phone number, and license number of the locum tenens physician.
- There is no additional premium charge.
- A "short form" locum tenens application must be submitted prior to beginning work.

### **M. Physicians New-to-Private Practice**

- Physicians who have completed one of the following programs within six (6) months prior to policy inception and are either joining a group practice or opening a private practice may qualify for the new-to-private practice credit. The programs include: residency, fellowship program in his/her specialty, or fulfillment of a military obligation in return for payment of medical school tuition.
- The credit applies for four (4) consecutive years\* from policy inception.

First Year New Physician Discount	50%
Second/Third Year Physician Discount	25%
Fourth Year Physician Discount	5%

\*The credit may apply to the second, third or fourth years independently of the first year credit.

### **N. Teaching Physicians**

To recognize the reduced exposure associated with those physicians who are away from their actual private medical practice while teaching, a reduced rate will be charged based on the following:

<b>Weekly Practice/Patient Contact Limited to:</b>	
Less than 8 hours per week	(65% discount)
8 – 21 hours per week	(40% discount)
22 hours or more per week	(0% discount)

## **O. Physicians in Training**

Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:

- Residency Program – Various lengths of time depending upon medical specialty; 3 years average. Following the first year of residency, physicians are generally licensed MD's. Upon completion of residency program, the physician becomes board eligible.
- Preceptorship – A preceptee is a non-licensed medical student or licensed physician continuing their education. A licensed physician preceptee shall, for rating purposes, be considered as a part-time physician and added to the insured physician's policy.
- Fellowship Program – Follows completion of residency program and is a higher level of training.

The rating basis is as follows:

Residency Program	(50% discount)
Preceptee – licensed physician	(40% discount)
Preceptee – non-licensed medical student	(65% discount)
Fellowship	(0% discount)

## **P. Miscellaneous Medical Entities/Facilities**

Medical Laboratories may be added to a policy per the following:

- a. At no additional charge if such laboratory is not a separate entity. Coverage is limited to the testing of the insured's own patients.
- b. At a premium charge of 25% of the at-limits Family Practitioner – No surgery rate. The laboratory will be included as an additional insured, if such laboratory is a separate entity. Coverage is limited to laboratories owned and operated by the Named Insured for the testing of the Named Insured's own patients.
- c. Freestanding urgent care centers, surgi-centers and dialysis centers may be added to the Named Insured's policy on a per procedure basis per the rates shown on the rate pages.

## **Q. Location of Practice**

The rates shown in this manual contemplate the exposure being derived from professional services being provided in Illinois. Should a healthcare provider derive more than 25% of his or her practice hours from a state other than Illinois, then the healthcare provider's out-of-state exposure will not be covered by this insurance.

If the healthcare provider has multiple practice locations in more than one (1) territory in Illinois, they will be rated to the highest territorial location where he or she practices a majority (more than 25%) of their time. Practice location is defined as the primary office address for office-based practitioners and hospital(s) for hospital-based practitioners.

## **R. Loss Free Credit**

- Individual physician insureds may qualify for loss free credits based on the following criteria:
  - The individual physician insured must have been insured on a continuous claims made basis for the immediate preceding three (3) years; and
  - The individual physician insured must have no open claims with a reserve indemnity value of \$10,000 or more or no paid indemnity claims during the experience period.

Experience Period	Credit
3 - 5 years	5%
6 -10 years	10%
11 - 15 years	20%
16 years +	25%

- Proof of loss free status must be submitted to the underwriter from the applicant's prior insurance company.

### **S. Risk Management Credit**

Physician, surgeon and podiatrist insureds may individually qualify for additional credit to their individual premiums based on the following criteria:

- Completion of a company sponsored or accredited risk management course (e.g., seminars, on-line self-study programs).
- Validation of passing score.
- A maximum 15% discount may be earned during a calendar year.
- The discount will be applied at the insured's next policy anniversary.

### **T. Group Size Discount**

The following group size discount is based solely on the size of each individual group insured with Torus. It applies to fulltime and part-time physicians, surgeons and podiatrists. Ancillary personnel are excluded. Eligibility is evaluated annually at policy renewal. No mid-term changes are allowed.

Group Size	% Discount
5 to 9	5.0%
10 to 14	10.0%
15 to 20	12.5%
21 to 25	15.0%
26 to 30	17.5%
31 or more	20.0%

### **U. Large Account Rating Rule**

Accounts of ten (10) or more Insureds and generating \$500,000 in manual premium at limits of liability of \$1,000,000/\$3,000,000 are considered to be unique and unusual and may be (a) rated. Proper documentation as to the determination of such rate will be maintained in the underwriting file. The company will use the following table to determine premium credits:

5-Year Loss Ratio	Experience Rating Discount
0% - 15.00%	33.3%
15.01% - 25.00%	20.0%
25.01% - 35.00%	10.0%



## **V. Schedule Rating**

Healthcare providers may qualify for additional rate deviations, up or down. To qualify, the applicant must:

1. Be permanently licensed in Illinois; and
2. Primarily practice in Illinois; and
3. Maintain an Illinois address as the primary office location.

The following credits and debits are available to the physician, in addition to any automatic credits or debits described elsewhere in this section.

<b>Exposure Condition</b>	<b>Credit</b>	<b>Debit</b>
Qualifications / Training / Continuing Education, including: <ul style="list-style-type: none"><li>• Board Eligibility or Board Certification</li><li>• Hospital Affiliations or Staff Privileges</li><li>• Experience in Specialty</li><li>• Accreditation</li></ul>	7.5%	7.5%
Specialty Balance, Practice Patterns including patient load and support staff	8%	8%
Loss Experience	N/A	5-25%
Employee selection, supervision, training, and experience	5%	5%
Professional Association Membership(s)	5-10%	N/A
Unusual Risk Characteristics	15%	15%
Pain Management	N/A	5-25%
Premises Condition, care	5%	5%

The maximum schedule credit allowable is 25%. The maximum schedule debit is 25%. The schedule rating plan will be adjusted annually at the insured's anniversary.

## **W. Quarterly Premium Installment Option**

Torus offers a "quarterly" payment plan with no additional interest fee and no installment fee. This option does not apply to extended reporting coverage. 25% of the premium should be submitted when the policy is bound/renewed and 3 equal installments will be due at the 4th, 7th and 10th months. All policyholders will be offered the quarterly option. Additional premiums due as a result of endorsement activity will be spread equally among the remaining unbilled installments. If there are no remaining installments then the additional premium will be billed and due within 30 days.

## **X. Slot/FTE Rating Option**

Rating for certain physician groups may be written on a full-time equivalent basis. This is at Torus's option. Under this method, policies will be issued to cover positions or practice locations rather than specific individuals. The FTE/Slot rate will be determined based on the filed and approved rate for the classification of the healthcare provider, but will be allocated based on the average number of patient encounters / visits in a 12 month period. One FTE/slot is defined as follows:

Emergency Medicine	5,500 ER visits/year
Outpatient (fast track) Clinic	10,000 outpatient clinic visits/year
Urgent care clinics	9,000 per patient encounters

In the event a position/slot is eliminated, the named insured shall purchase a reporting endorsement for that position. Company applications for these healthcare providers must be submitted and approved by the Company prior to the requested start date.

## **Y. Investigation Defense Coverage**

The Company provides an optional coverage which provides additional defense (not indemnification) coverage for investigations launched against a practitioner's license and allegations of Medicare/Medicaid billing fraud or abuse. The standard policy includes "Basic" coverage as outlined below and the optional coverage can be purchased so that the scope of the coverage in these two areas is broadened. Extended and Medefense coverages must be purchased together. The total charge will be \$415.00 per the schedule below:

<b>Coverage</b>	<b>Investigation conducted by:</b>	<b>Investigation related to</b>
BASIC	State Licensing Agency; OSHA; EEOC	claims covered under the professional liability policy
EXTENDED	State Licensing Agency; OSHA; EEOC	incidents not covered under the professional liability policy
MEDEFENSE	State Dept of Health; Federal Dept of Health & Human Services; US Dept of Justice	Medicare / Medicaid fraud or abuse; or Performance of medical services in excess or violation of guidelines for appropriate utilization

<b>Coverage</b>	<b>Limit per Physician</b>	<b>Deductible</b>	<b>Premium per Physician</b>
BASIC	\$25,000 per claim \$75,000 aggregate	None	included in professional liability premium
EXTENDED	No separate limit; included in BASIC coverage limit	None	Included in Medefense premium
MEDEFENSE	\$25,000 per claim Included in \$75,000 aggregate above	\$1,000	\$415.00.

The incident causing the investigation must have occurred after the policy retroactive date, and the investigation must have commenced after the date that the optional coverage was added to the policy..

The Group Maximum Legal Expense for Medefense coverage is determined based on the size of the group.

<i>Group Size</i>	<b>Group Annual Aggregate</b>
2 - 4	\$50,000
5 - 9	\$100,000
10 - 25	\$150,000
26 +	\$250,000

## **4. PREMIUM CALCULATION AND RATES**

### **A. Premium Calculation**

Subject to the policy writing minimum premium of \$500.00 and the rating rules delineated elsewhere, the following steps shall apply to the manual calculation of premiums.

#### **1. Each Healthcare Provider**

- a. Determine the appropriate specialty classification.
- b. Determine where the healthcare provider practices a majority of their time (territory).
- c. Determine the appropriate step factor. (Rates will be "blended" for risks that are between step levels.
- d. Multiply the manual \$1,000,000/\$3,000,000 rate for the healthcare provider (physician's or ancillary personnel's specialty classification by territory) by the step factor.
- e. Multiply the result of d above by the increased or decreased limits factor, if applicable.
- f. Multiply e. above by any automatic credits, which may be available: Leave of absence, part-time, teaching, physicians new-to-private practice, and loss free credits. Note: any combination of leave of absence, part-time, teaching, loss free, group size or new-to-private practice credits cannot exceed 75% off manual (d above).
- g. Multiply f above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- h. If applicable, calculate the change in scope of practice/rating class surcharge and add it to g. above.
- i. Round result to the nearest whole dollar.

#### **2. Miscellaneous Medical Entities/Facilities**

If there is a medical laboratory (80715) for which a charge should be made:

- a. Determine the family practice (80239) \$1,000,000/\$3,000,000 specialty rate by territory at the appropriate step factor.
- b. Multiply a above by the increased or decreased limits factor, if appropriate.
- c. Multiply b above by 25%.
- d. Round to the nearest whole dollar.

#### **3. Corporation, Partnership, or Professional Association (80999)**

- a. Add all premium charges developed for the five (5) highest rated eligible named insureds.
- b. Multiply the result of a above by 10% or 5%, as appropriate per rating rules for the five (5) highest rated eligible named insureds in the group.
- c. Multiply b above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%..
- d. Round to the nearest whole dollar.

#### **4. Final Annual Premium**

The final premium is determined by adding 1 + 2 + 3.

### **B. Physician Risk Notations**

#### **• No Surgery (NS)**

The physician does not perform any surgery or obstetrical procedures. Incising of boils and superficial fascia, suturing minor lacerations, removal of superficial skin lesions by other than surgical excision and assisting in surgery of the physician's own patients are not considered surgery.

- **Minor Risk Procedures (MRP)**

Performance of minor risk procedures increases the premium charge. Physicians who are general/family practitioners or other specialists, excluding surgeons and anesthesiologists, whose practice comprises more than 25% of the following procedures will be rated according to the highest classification that most closely approximates their practice.

Assisting in surgery on patients other than the physician's own patients

Angiography/arteriography, catheterization-transarterial or transvenous (other than arterial line in a peripheral vessel), cardiac or other diagnostic catheterization (other than Swan-Ganz, umbilical cord or urethral catheterization) – including insertion of a cardiac pacemaker, whether temporary or permanent, cervical conization, diagnostic or therapeutic dilation and curettage, fallopian tube recanalization, insertion of IUD, insertion of Palmez Balloon Expandable Stent, interstitial hyperthermia, interventional radiology such as embolization (including extracranial), percutaneous transluminal angioplasty, percutaneous nephrostomy and other drainage procedures, intracoronary streptokinase infusion, lymphangiography, myocardial biopsy, obstetrical vacuum cup, ophthalmic surgery (including surgery for glaucoma, cataract, retinal detachment, removal of benign tumors, chalazions, skin cancer from the eye lid, strabismus surgery), percutaneous therapeutic angioplasty, pericardiocentesis, pneumoencephalography, therapeutic radiology, deep (includes radium implants), ultrasound hyperthermia (superficial only), either prenatal (which may include amniocentesis) and postpartum only, and/or cephal vaginal deliveries performed in a hospital which may also include episiotomy and application of low forceps only.

- **Major Risk Procedures (MaRP)**

Performance of major risk procedures by a family or general practitioner or other similarly rated specialist increases the premium charge provided that these activities do not represent more than 25% of the physician's practice, except as noted below. If the physician's practice comprises more than 25% of these procedures, the physician will be rated to the highest classification, which generally performs such procedures on a regular and customary basis.

Obstetrical procedures (up to 24 such procedures per year): Cesarean section, mid-forceps delivery, version and extraction, breech extraction, vaginal birth after C-section (VBAC).

Orthopaedic procedures: Closed reduction of dislocations other than fingers, toes and shoulders, open reduction of fractures or dislocations, amputations (other than digits), any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or sub adjacent organs due to the fracture, any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or sub adjacent organs due to the fracture, or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

Abortions: Induced, non-spontaneous.

Other major surgery: Procedures generally attributable to specialists of obstetrics and gynecology, orthopaedic, general, cardiac, vascular, plastic, etc.

Otorhinolaryngology: Performance of elective cosmetic surgery on the head or neck increases the premium charge.

General surgeons: Performance of major risk procedures, as outlined above, generally attributable to other surgical specialists will not increase the premium charge provided these activities do not exceed 25% of the general surgeon's practice. The physician will be rated similarly to the specialty, which generally performs such procedures on a regular and customary basis where the activities exceed 25%.

### C. Physicians Classification Plan and Rates

When two or more classifications apply to a physician, assign the highest classification to the physician's specialty, defined as the specialty where he/she practices more than 25% of his/her time.

If the physician is an osteopath, the first two digits of the ISO code shall be "84" followed by the next three digits used for allopaths (MDs). For example, family practice 80420 would be 84420 for a family practitioner who is an osteopath.

#### **\$1,000,000/\$3,000,000 Rates Effective 01-01-2011**

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	3,620	7,240	11,294	13,756	14,480
Anesthesiology	Y80151	8,887	17,774	27,728	33,771	35,548
Anesthesiology-Pain Management	P80151	8,887	17,774	27,728	33,771	35,548
Bariatrics	280242	7,265	14,530	22,667	27,607	29,060
Cardiovascular Disease- Minor Surgery	80281	10,505	21,010	32,776	39,919	42,020
Cardiovascular Disease-No Surgery	80255	8,073	16,146	25,188	30,677	32,292
Dermatology-Minor Surgery	80282	4,835	9,670	15,085	18,373	19,340
Dermatology-No Surgery	80256	4,835	9,670	15,085	18,373	19,340
Diabetes- No Surgery	80237	7,265	14,530	22,667	27,607	29,060
Endocrinology- No Surgery	80238	4,835	9,670	15,085	18,373	19,340
Family Practice- No Surgery	80239	7,265	14,530	22,667	27,607	29,060
Family Practice-Minor Surgery	80273	11,315	22,630	35,303	42,997	45,260
Family Practice-Not primarily Maj S	280273	15,773	31,546	49,211	59,937	63,091
Forensic or Legal Medicine	80240	3,620	7,240	11,294	13,756	14,480
Gastroenterology- No Surgery	80241	10,505	21,010	32,776	39,919	42,020
Gastroenterology-Minor Surgery	80274	10,505	21,010	32,776	39,919	42,020
General Practice- No Surgery	80242	7,265	14,530	22,667	27,607	29,060
General Practice-Minor Surgery	80275	11,315	22,630	35,303	42,997	45,260
General Preventive Medicine- No Surgery	80231	3,620	7,240	11,294	13,756	14,480
Geriatrics- Minor Surgery	80276	10,505	21,010	32,776	39,919	42,020
Geriatrics- No Surgery	80243	4,835	9,670	15,085	18,373	19,340
Gynecology- Minor Surgery	80277	13,340	26,680	41,621	50,692	53,360
Gynecology- No Surgery	80244	8,480	16,960	26,458	32,224	33,920
Hematology- No Surgery	80245	7,265	14,530	22,667	27,607	29,060
Hospitalist-Family/General Medicine	180814	7,265	14,530	22,667	27,607	29,060
Hospitalist-Internal Medicine	280814	8,480	16,960	26,458	32,224	33,920
Hospitalist-Pediatrics	380814	5,241	10,481	16,351	19,914	20,963
Infectious Diseases- No Surgery	80246	8,073	16,146	25,188	30,677	32,292
Intensivist	80283	12,550	25,101	39,157	47,692	50,202
Internal Medicine- Minor Surgery	80284	10,505	21,010	32,776	39,919	42,020
Internal Medicine- No Surgery	80257	8,480	16,960	26,458	32,224	33,920
Laryngology- Minor Surgery	80285	10,505	21,010	32,776	39,919	42,020

Laryngology- No Surgery	80258	3,620	7,240	11,294	13,756	14,480
Neonatology- Minor Surgery	300001	10,505	21,010	32,776	39,919	42,020
Neoplastic Diseases- No Surgery	80259	7,265	14,530	22,667	27,607	29,060
Nephrology- Minor Surgery	80287	9,290	18,580	28,985	35,302	37,160
Nephrology- No Surgery	80260	8,073	16,146	25,188	30,677	32,292
Neurology- No Surgery	80261	10,505	21,010	32,776	39,919	42,020
Nuclear Medicine	180262	7,265	14,530	22,667	27,607	29,060
Occupational Medicine	80233	3,620	7,240	11,294	13,756	14,480
Oncology- No Surgery	80473	7,265	14,530	22,667	27,607	29,060
Oncology - Radiation	280473	6,455	12,910	20,140	24,529	25,820
Ophthalmology- No Surgery	80263	4,835	9,670	15,085	18,373	19,340
Orthopaedics-MRP, NMajS	280154	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- Minor Surgery	80291	10,505	21,010	32,776	39,919	42,020
Otorhinolaryngology- No Surgery	80265	3,620	7,240	11,294	13,756	14,480
Pathology- No Surgery	80266	4,835	9,670	15,085	18,373	19,340
Pediatrics- Minor Surgery	80293	10,505	21,010	32,776	39,919	42,020
Pediatrics- No Surgery	80267	5,241	10,481	16,351	19,914	20,963
Physiatry or Physical Medicine and Rehabilitation	80235	3,620	7,240	11,294	13,756	14,480
Physicians- not otherwise classified- minor surgery	80294	10,505	21,010	32,776	39,919	42,020
Physicians- not otherwise classified- no surgery	80268	8,480	16,960	26,458	32,224	33,920
Podiatry- Minor Surgery	180993	4,069	8,137	12,694	15,461	16,274
Podiatry- No Surgery	380993	2,780	5,559	8,672	10,562	11,118
Psychiatry	80249	4,835	9,670	15,085	18,373	19,340
Public Health	80236	3,620	7,240	11,294	13,756	14,480
Pulmonary Diseases- No Surgery	80269	9,290	18,580	28,985	35,302	37,160
Radiology- diagnostic- Minor Surgery	80280	10,505	21,010	32,776	39,919	42,020
Radiology- diagnostic- No surgery	80253	9,290	18,580	28,985	35,302	37,160
Rheumatology- No Surgery	80252	4,835	9,670	15,085	18,373	19,340
Sleep Medicine	280269	8,480	16,960	26,458	32,224	33,920
Surgery- Cardiac	80141	28,730	57,460	89,638	109,175	114,921
Surgery- Cardiovascular Disease	80150	28,730	57,460	89,638	109,175	114,921
Surgery- Colon and Rectal	80115	13,340	26,680	41,621	50,692	53,360
Surgery- General- Not Otherwise Classified	80143	22,250	44,500	69,420	84,550	89,000
Surgery- Gynecology	80167	14,960	29,920	46,675	56,848	59,840
Surgery- Hand	80169	14,960	29,920	46,675	56,848	59,840
Surgery- Head and Neck	80170	14,960	29,920	46,675	56,848	59,840
Surgery- Neonatology or Pediatrics	80474	22,250	44,500	69,420	84,550	89,000
Surgery- Neurology	80152	51,409	102,818	160,396	195,354	205,636
Surgery- Ophthalmology	80114	7,265	14,530	22,667	27,607	29,060
Surgery- Oral/Maxillofacial	80109	7,265	14,530	22,667	27,607	29,060
Surgery- Orthopedic	80154	33,589	67,178	104,798	127,639	134,356
Surgery- Orthopedic- without procedures on the back	N80154	23,871	47,742	74,478	90,711	95,485
Surgery- Otorhinolaryngology	80159	13,340	26,680	41,621	50,692	53,360

Surgery- Plastic- Not Otherwise Classified	80156	22,250	44,500	69,420	84,550	89,000
Surgery- Plastic- Otorhinolaryngology	80155	22,250	44,500	69,420	84,550	89,000
Surgery- Thoracic	80144	28,730	57,460	89,638	109,175	114,921
Surgery- Traumatic	80171	28,730	57,460	89,638	109,175	114,921
Surgery- Urological	80145	12,125	24,250	37,830	46,075	48,500
Surgery- Vascular	80146	28,730	57,460	89,638	109,175	114,921
Urgent Care Medicine	80424	8,480	16,960	26,458	32,224	33,920
Urology-Minor Surgery	280145	10,505	21,010	32,776	39,919	42,020

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	3,077	6,154	9,600	11,693	12,308
Anesthesiology	Y80151	7,554	15,108	23,568	28,705	30,216
Anesthesiology-Pain Management	P80151	7,554	15,108	23,568	28,705	30,216
Bariatrics	280242	6,175	12,350	19,267	23,466	24,701
Cardiovascular Disease- Minor Surgery	80281	8,929	17,859	27,859	33,931	35,717
Cardiovascular Disease-No Surgery	80255	6,862	13,724	21,409	26,076	27,448
Dermatology-Minor Surgery	80282	4,110	8,220	12,823	15,617	16,439
Dermatology-No Surgery	80256	4,110	8,220	12,823	15,617	16,439
Diabetes- No Surgery	80237	6,175	12,350	19,267	23,466	24,701
Endocrinology- No Surgery	80238	4,110	8,220	12,823	15,617	16,439
Family Practice- No Surgery	80239	6,175	12,350	19,267	23,466	24,701
Family Practice-Minor Surgery	80273	9,618	19,236	30,007	36,548	38,471
Family Practice-Not primarily Maj S	280273	13,407	26,814	41,829	50,946	53,628
Forensic or Legal Medicine	80240	3,077	6,154	9,600	11,693	12,308
Gastroenterology- No Surgery	80241	8,929	17,859	27,859	33,931	35,717
Gastroenterology-Minor Surgery	80274	8,929	17,859	27,859	33,931	35,717
General Practice- No Surgery	80242	6,175	12,350	19,267	23,466	24,701
General Practice-Minor Surgery	80275	9,618	19,236	30,007	36,548	38,471
General Preventive Medicine- No Surgery	80231	3,077	6,154	9,600	11,693	12,308
Geriatrics- Minor Surgery	80276	8,929	17,859	27,859	33,931	35,717
Geriatrics- No Surgery	80243	4,110	8,220	12,823	15,617	16,439
Gynecology- Minor Surgery	80277	11,339	22,678	35,378	43,088	45,356
Gynecology- No Surgery	80244	7,208	14,416	22,489	27,390	28,832
Hematology- No Surgery	80245	6,175	12,350	19,267	23,466	24,701
Hospitalist-Family/General Medicine	180814	6,175	12,350	19,267	23,466	24,701
Hospitalist-Internal Medicine	280814	7,208	14,416	22,489	27,390	28,832
Hospitalist-Pediatrics	380814	4,455	8,909	13,898	16,927	17,818
Infectious Diseases- No Surgery	80246	6,862	13,724	21,409	26,076	27,448
Intensivist	80283	10,668	21,336	33,284	40,538	42,671
Internal Medicine- Minor Surgery	80284	8,929	17,859	27,859	33,931	35,717
Internal Medicine- No Surgery	80257	7,208	14,416	22,489	27,390	28,832
Laryngology- Minor Surgery	80285	8,929	17,859	27,859	33,931	35,717
Laryngology- No Surgery	80258	3,077	6,154	9,600	11,693	12,308
Neonatology- Minor Surgery	300001	8,929	17,859	27,859	33,931	35,717
Neoplastic Diseases- No Surgery	80259	6,175	12,350	19,267	23,466	24,701
Nephrology- Minor Surgery	80287	7,897	15,793	24,637	30,007	31,586
Nephrology- No Surgery	80260	6,862	13,724	21,409	26,076	27,448
Neurology- No Surgery	80261	8,929	17,859	27,859	33,931	35,717

Nuclear Medicine	180262	6,175	12,350	19,267	23,466	24,701
Occupational Medicine	80233	3,077	6,154	9,600	11,693	12,308
Oncology- No Surgery	80473	6,175	12,350	19,267	23,466	24,701
Oncology - Radiation	280473	5,487	10,973	17,119	20,850	21,947
Ophthalmology- No Surgery	80263	4,110	8,220	12,823	15,617	16,439
Orthopaedics-MRP, NMajS	280154	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- Minor Surgery	80291	8,929	17,859	27,859	33,931	35,717
Otorhinolaryngology- No Surgery	80265	3,077	6,154	9,600	11,693	12,308
Pathology- No Surgery	80266	4,110	8,220	12,823	15,617	16,439
Pediatrics- Minor Surgery	80293	8,929	17,859	27,859	33,931	35,717
Pediatrics- No Surgery	80267	4,455	8,909	13,898	16,927	17,818
Physiatry or Physical Medicine and Rehabilitation	80235	3,077	6,154	9,600	11,693	12,308
Physicians- not otherwise classified- minor surgery	80294	8,929	17,859	27,859	33,931	35,717
Physicians- not otherwise classified- no surgery	80268	7,208	14,416	22,489	27,390	28,832
Podiatry- Minor Surgery	180993	3,458	6,917	10,790	13,142	13,833
Podiatry- No Surgery	380993	2,363	4,725	7,371	8,978	9,451
Psychiatry	80249	4,110	8,220	12,823	15,617	16,439
Public Health	80236	3,077	6,154	9,600	11,693	12,308
Pulmonary Diseases- No Surgery	80269	7,897	15,793	24,637	30,007	31,586
Radiology- diagnostic- Minor Surgery	80280	8,929	17,859	27,859	33,931	35,717
Radiology- diagnostic- No surgery	80253	7,897	15,793	24,637	30,007	31,586
Rheumatology- No Surgery	80252	4,110	8,220	12,823	15,617	16,439
Sleep Medicine	280269	7,208	14,416	22,489	27,390	28,832
Surgery- Cardiac	80141	24,421	48,841	76,193	92,799	97,683
Surgery- Cardiovascular Disease	80150	24,421	48,841	76,193	92,799	97,683
Surgery- Colon and Rectal	80115	11,339	22,678	35,378	43,088	45,356
Surgery- General- Not Otherwise Classified	80143	18,912	37,825	59,007	71,867	75,650
Surgery- Gynecology	80167	12,716	25,432	39,674	48,321	50,864
Surgery- Hand	80169	12,716	25,432	39,674	48,321	50,864
Surgery- Head and Neck	80170	12,716	25,432	39,674	48,321	50,864
Surgery- Neonatology or Pediatrics	80474	18,912	37,825	59,007	71,867	75,650
Surgery- Neurology	80152	43,698	87,395	136,337	166,051	174,791
Surgery- Ophthalmology	80114	6,175	12,350	19,267	23,466	24,701
Surgery- Oral/Maxillofacial	80109	6,175	12,350	19,267	23,466	24,701
Surgery- Orthopedic	80154	28,551	57,101	89,078	108,493	114,203
Surgery- Orthopedic- without procedures on the back	N80154	20,291	40,581	63,306	77,104	81,162
Surgery- Otorhinolaryngology	80159	11,339	22,678	35,378	43,088	45,356
Surgery- Plastic- Not Otherwise Classified	80156	18,912	37,825	59,007	71,867	75,650
Surgery- Plastic- Otorhinolaryngology	80155	18,912	37,825	59,007	71,867	75,650
Surgery- Thoracic	80144	24,421	48,841	76,193	92,799	97,683
Surgery- Traumatic	80171	24,421	48,841	76,193	92,799	97,683
Surgery- Urological	80145	10,306	20,612	32,155	39,164	41,225
Surgery- Vascular	80146	24,421	48,841	76,193	92,799	97,683
Urgent Care Medicine	80424	7,208	14,416	22,489	27,390	28,832
Urology-Minor Surgery	280145	8,929	17,859	27,859	33,931	35,717



<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>						
	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b>Classification</b>	<b>Code</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>	<b>Torus</b>
Allergy	80254	2,534	5,068	7,906	9,629	10,136
Anesthesiology	Y80151	6,221	12,442	19,409	23,640	24,884
Anesthesiology-Pain Management	P80151	6,221	12,442	19,409	23,640	24,884
Bariatrics	280242	5,085	10,171	15,867	19,325	20,342
Cardiovascular Disease- Minor Surgery	80281	7,354	14,707	22,943	27,943	29,414
Cardiovascular Disease-No Surgery	80255	5,651	11,302	17,631	21,474	22,604
Dermatology-Minor Surgery	80282	3,385	6,769	10,560	12,861	13,538
Dermatology-No Surgery	80256	3,385	6,769	10,560	12,861	13,538
Diabetes- No Surgery	80237	5,085	10,171	15,867	19,325	20,342
Endocrinology- No Surgery	80238	3,385	6,769	10,560	12,861	13,538
Family Practice- No Surgery	80239	5,085	10,171	15,867	19,325	20,342
Family Practice-Minor Surgery	80273	7,921	15,841	24,712	30,098	31,682
Family Practice-Not primarily Maj S	280273	11,041	22,082	34,448	41,956	44,164
Forensic or Legal Medicine	80240	2,534	5,068	7,906	9,629	10,136
Gastroenterology- No Surgery	80241	7,354	14,707	22,943	27,943	29,414
Gastroenterology-Minor Surgery	80274	7,354	14,707	22,943	27,943	29,414
General Practice- No Surgery	80242	5,085	10,171	15,867	19,325	20,342
General Practice-Minor Surgery	80275	7,921	15,841	24,712	30,098	31,682
General Preventive Medicine- No Surgery	80231	2,534	5,068	7,906	9,629	10,136
Geriatrics- Minor Surgery	80276	7,354	14,707	22,943	27,943	29,414
Geriatrics- No Surgery	80243	3,385	6,769	10,560	12,861	13,538
Gynecology- Minor Surgery	80277	9,338	18,676	29,135	35,484	37,352
Gynecology- No Surgery	80244	5,936	11,872	18,520	22,557	23,744
Hematology- No Surgery	80245	5,085	10,171	15,867	19,325	20,342
Hospitalist-Family/General Medicine	180814	5,085	10,171	15,867	19,325	20,342
Hospitalist-Internal Medicine	280814	5,936	11,872	18,520	22,557	23,744
Hospitalist-Pediatrics	380814	3,668	7,337	11,446	13,940	14,674
Infectious Diseases- No Surgery	80246	5,651	11,302	17,631	21,474	22,604
Intensivist	80283	8,785	17,571	27,410	33,384	35,141
Internal Medicine- Minor Surgery	80284	7,354	14,707	22,943	27,943	29,414
Internal Medicine- No Surgery	80257	5,936	11,872	18,520	22,557	23,744
Laryngology- Minor Surgery	80285	7,354	14,707	22,943	27,943	29,414
Laryngology- No Surgery	80258	2,534	5,068	7,906	9,629	10,136
Neonatology- Minor Surgery	300001	7,354	14,707	22,943	27,943	29,414
Neoplastic Diseases- No Surgery	80259	5,085	10,171	15,867	19,325	20,342
Nephrology- Minor Surgery	80287	6,503	13,006	20,289	24,711	26,012
Nephrology- No Surgery	80260	5,651	11,302	17,631	21,474	22,604
Neurology- No Surgery	80261	7,354	14,707	22,943	27,943	29,414
Nuclear Medicine	180262	5,085	10,171	15,867	19,325	20,342
Occupational Medicine	80233	2,534	5,068	7,906	9,629	10,136
Oncology- No Surgery	80473	5,085	10,171	15,867	19,325	20,342
Oncology - Radiation	280473	4,518	9,037	14,098	17,170	18,074
Ophthalmology- No Surgery	80263	3,385	6,769	10,560	12,861	13,538
Orthopaedics-MRP, NMajS	280154	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- Minor Surgery	80291	7,354	14,707	22,943	27,943	29,414
Otorhinolaryngology- No Surgery	80265	2,534	5,068	7,906	9,629	10,136

Pathology- No Surgery	80266	3,385	6,769	10,560	12,861	13,538
Pediatrics- Minor Surgery	80293	7,354	14,707	22,943	27,943	29,414
Pediatrics- No Surgery	80267	3,668	7,337	11,446	13,940	14,674
Physiatry or Physical Medicine and Rehabilitation	80235	2,534	5,068	7,906	9,629	10,136
Physicians- not otherwise classified- minor surgery	80294	7,354	14,707	22,943	27,943	29,414
Physicians- not otherwise classified- no surgery	80268	5,936	11,872	18,520	22,557	23,744
Podiatry- Minor Surgery	180993	2,848	5,696	8,886	10,823	11,392
Podiatry- No Surgery	380993	1,946	3,891	6,071	7,394	7,783
Psychiatry	80249	3,385	6,769	10,560	12,861	13,538
Public Health	80236	2,534	5,068	7,906	9,629	10,136
Pulmonary Diseases- No Surgery	80269	6,503	13,006	20,289	24,711	26,012
Radiology- diagnostic- Minor Surgery	80280	7,354	14,707	22,943	27,943	29,414
Radiology- diagnostic- No surgery	80253	6,503	13,006	20,289	24,711	26,012
Rheumatology- No Surgery	80252	3,385	6,769	10,560	12,861	13,538
Sleep Medicine	280269	5,936	11,872	18,520	22,557	23,744
Surgery- Cardiac	80141	20,111	40,222	62,747	76,422	80,445
Surgery- Cardiovascular Disease	80150	20,111	40,222	62,747	76,422	80,445
Surgery- Colon and Rectal	80115	9,338	18,676	29,135	35,484	37,352
Surgery- General- Not Otherwise Classified	80143	15,575	31,150	48,594	59,185	62,300
Surgery- Gynecology	80167	10,472	20,944	32,673	39,794	41,888
Surgery- Hand	80169	10,472	20,944	32,673	39,794	41,888
Surgery- Head and Neck	80170	10,472	20,944	32,673	39,794	41,888
Surgery- Neonatology or Pediatrics	80474	15,575	31,150	48,594	59,185	62,300
Surgery- Neurology	80152	35,986	71,973	112,277	136,748	143,945
Surgery- Ophthalmology	80114	5,085	10,171	15,867	19,325	20,342
Surgery- Oral/Maxillofacial	80109	5,085	10,171	15,867	19,325	20,342
Surgery- Orthopedic	80154	23,512	47,025	73,359	89,347	94,050
Surgery- Orthopedic- without procedures on the back	N80154	16,710	33,420	52,135	63,497	66,839
Surgery- Otorhinolaryngology	80159	9,338	18,676	29,135	35,484	37,352
Surgery- Plastic- Not Otherwise Classified	80156	15,575	31,150	48,594	59,185	62,300
Surgery- Plastic- Otorhinolaryngology	80155	15,575	31,150	48,594	59,185	62,300
Surgery- Thoracic	80144	20,111	40,222	62,747	76,422	80,445
Surgery- Traumatic	80171	20,111	40,222	62,747	76,422	80,445
Surgery- Urological	80145	8,487	16,975	26,481	32,252	33,950
Surgery- Vascular	80146	20,111	40,222	62,747	76,422	80,445
Urgent Care Medicine	80424	5,936	11,872	18,520	22,557	23,744
Urology-Minor Surgery	280145	7,354	14,707	22,943	27,943	29,414

<b>Territory 4: Remainder of State</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	1,991	3,982	6,212	7,566	7,964
Anesthesiology	Y80151	4,888	9,776	15,250	18,574	19,551
Anesthesiology-Pain Management	P80151	4,888	9,776	15,250	18,574	19,551
Bariatrics	280242	3,996	7,991	12,467	15,184	15,983
Cardiovascular Disease- Minor Surgery	80281	5,778	11,556	18,027	21,956	23,111
Cardiovascular Disease-No Surgery	80255	4,440	8,880	13,853	16,872	17,761
Dermatology-Minor Surgery	80282	2,659	5,319	8,297	10,105	10,637

Dermatology-No Surgery	80256	2,659	5,319	8,297	10,105	10,637
Diabetes- No Surgery	80237	3,996	7,991	12,467	15,184	15,983
Endocrinology- No Surgery	80238	2,659	5,319	8,297	10,105	10,637
Family Practice- No Surgery	80239	3,996	7,991	12,467	15,184	15,983
Family Practice-Minor Surgery	80273	6,223	12,447	19,417	23,648	24,893
Family Practice-Not primarily Maj S	280273	8,675	17,350	27,066	32,965	34,700
Forensic or Legal Medicine	80240	1,991	3,982	6,212	7,566	7,964
Gastroenterology- No Surgery	80241	5,778	11,556	18,027	21,956	23,111
Gastroenterology-Minor Surgery	80274	5,778	11,556	18,027	21,956	23,111
General Practice- No Surgery	80242	3,996	7,991	12,467	15,184	15,983
General Practice-Minor Surgery	80275	6,223	12,447	19,417	23,648	24,893
General Preventive Medicine- No Surgery	80231	1,991	3,982	6,212	7,566	7,964
Geriatrics- Minor Surgery	80276	5,778	11,556	18,027	21,956	23,111
Geriatrics- No Surgery	80243	2,659	5,319	8,297	10,105	10,637
Gynecology- Minor Surgery	80277	7,337	14,674	22,891	27,881	29,348
Gynecology- No Surgery	80244	4,664	9,328	14,552	17,723	18,656
Hematology- No Surgery	80245	3,996	7,991	12,467	15,184	15,983
Hospitalist-Family/General Medicine	180814	3,996	7,991	12,467	15,184	15,983
Hospitalist-Internal Medicine	280814	4,664	9,328	14,552	17,723	18,656
Hospitalist-Pediatrics	380814	2,882	5,765	8,993	10,953	11,529
Infectious Diseases- No Surgery	80246	4,440	8,880	13,853	16,872	17,761
Intensivist	80283	6,903	13,805	21,536	26,230	27,611
Internal Medicine- Minor Surgery	80284	5,778	11,556	18,027	21,956	23,111
Internal Medicine- No Surgery	80257	4,664	9,328	14,552	17,723	18,656
Laryngology- Minor Surgery	80285	5,778	11,556	18,027	21,956	23,111
Laryngology- No Surgery	80258	1,991	3,982	6,212	7,566	7,964
Neonatology- Minor Surgery	300001	5,778	11,556	18,027	21,956	23,111
Neoplastic Diseases- No Surgery	80259	3,996	7,991	12,467	15,184	15,983
Nephrology- Minor Surgery	80287	5,110	10,219	15,942	19,416	20,438
Nephrology- No Surgery	80260	4,440	8,880	13,853	16,872	17,761
Neurology- No Surgery	80261	5,778	11,556	18,027	21,956	23,111
Nuclear Medicine	180262	3,996	7,991	12,467	15,184	15,983
Occupational Medicine	80233	1,991	3,982	6,212	7,566	7,964
Oncology- No Surgery	80473	3,996	7,991	12,467	15,184	15,983
Oncology - Radiation	280473	3,550	7,100	11,077	13,491	14,201
Ophthalmology- No Surgery	80263	2,659	5,319	8,297	10,105	10,637
Orthopaedics-MRP, NMajS	280154	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- Minor Surgery	80291	5,778	11,556	18,027	21,956	23,111
Otorhinolaryngology- No Surgery	80265	1,991	3,982	6,212	7,566	7,964
Pathology- No Surgery	80266	2,659	5,319	8,297	10,105	10,637
Pediatrics- Minor Surgery	80293	5,778	11,556	18,027	21,956	23,111
Pediatrics- No Surgery	80267	2,882	5,765	8,993	10,953	11,529
Physiatry or Physical Medicine and Rehabilitation	80235	1,991	3,982	6,212	7,566	7,964
Physicians- not otherwise classified- minor surgery	80294	5,778	11,556	18,027	21,956	23,111
Physicians- not otherwise classified- no surgery	80268	4,664	9,328	14,552	17,723	18,656
Podiatry- Minor Surgery	180993	2,238	4,475	6,982	8,503	8,951
Podiatry- No Surgery	380993	1,529	3,058	4,770	5,809	6,115
Psychiatry	80249	2,659	5,319	8,297	10,105	10,637

Public Health	80236	1,991	3,982	6,212	7,566	7,964
Pulmonary Diseases- No Surgery	80269	5,110	10,219	15,942	19,416	20,438
Radiology- diagnostic- Minor Surgery	80280	5,778	11,556	18,027	21,956	23,111
Radiology- diagnostic- No surgery	80253	5,110	10,219	15,942	19,416	20,438
Rheumatology- No Surgery	80252	2,659	5,319	8,297	10,105	10,637
Sleep Medicine	280269	4,664	9,328	14,552	17,723	18,656
Surgery- Cardiac	80141	15,802	31,603	49,301	60,046	63,207
Surgery- Cardiovascular Disease	80150	15,802	31,603	49,301	60,046	63,207
Surgery- Colon and Rectal	80115	7,337	14,674	22,891	27,881	29,348
Surgery- General- Not Otherwise Classified	80143	12,237	24,475	38,181	46,502	48,950
Surgery- Gynecology	80167	8,228	16,456	25,671	31,266	32,912
Surgery- Hand	80169	8,228	16,456	25,671	31,266	32,912
Surgery- Head and Neck	80170	8,228	16,456	25,671	31,266	32,912
Surgery- Neonatology or Pediatrics	80474	12,237	24,475	38,181	46,502	48,950
Surgery- Neurology	80152	28,275	56,550	88,218	107,445	113,100
Surgery- Ophthalmology	80114	3,996	7,991	12,467	15,184	15,983
Surgery- Oral/Maxillofacial	80109	3,996	7,991	12,467	15,184	15,983
Surgery- Orthopedic	80154	18,474	36,948	57,639	70,201	73,896
Surgery- Orthopedic- without procedures on the back	N80154	13,129	26,258	40,963	49,891	52,517
Surgery- Otorhinolaryngology	80159	7,337	14,674	22,891	27,881	29,348
Surgery- Plastic- Not Otherwise Classified	80156	12,237	24,475	38,181	46,502	48,950
Surgery- Plastic- Otorhinolaryngology	80155	12,237	24,475	38,181	46,502	48,950
Surgery- Thoracic	80144	15,802	31,603	49,301	60,046	63,207
Surgery- Traumatic	80171	15,802	31,603	49,301	60,046	63,207
Surgery- Urological	80145	6,669	13,337	20,806	25,341	26,675
Surgery- Vascular	80146	15,802	31,603	49,301	60,046	63,207
Urgent Care Medicine	80424	4,664	9,328	14,552	17,723	18,656
Urology-Minor Surgery	280145	5,778	11,556	18,027	21,956	23,111

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>ISO</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Mature</b>
<b><u>Classification</u></b>	<b><u>Code</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>	<b><u>Torus</u></b>
Allergy	80254	1,629	3,258	5,083	6,190	6,516
Anesthesiology	Y80151	3,999	7,998	12,477	15,197	15,997
Anesthesiology-Pain Management	P80151	3,999	7,998	12,477	15,197	15,997
Bariatrics	280242	3,269	6,538	10,200	12,423	13,077
Cardiovascular Disease- Minor Surgery	80281	4,727	9,455	14,749	17,964	18,909
Cardiovascular Disease-No Surgery	80255	3,633	7,266	11,334	13,805	14,531
Dermatology-Minor Surgery	80282	2,176	4,352	6,788	8,268	8,703
Dermatology-No Surgery	80256	2,176	4,352	6,788	8,268	8,703
Diabetes- No Surgery	80237	3,269	6,538	10,200	12,423	13,077
Endocrinology- No Surgery	80238	2,176	4,352	6,788	8,268	8,703
Family Practice- No Surgery	80239	3,269	6,538	10,200	12,423	13,077
Family Practice-Minor Surgery	80273	5,092	10,184	15,886	19,349	20,367

Family Practice-Not primarily Maj S	280273	7,098	14,196	22,145	26,971	28,391
Forensic or Legal Medicine	80240	1,629	3,258	5,083	6,190	6,516
Gastroenterology- No Surgery	80241	4,727	9,455	14,749	17,964	18,909
Gastroenterology-Minor Surgery	80274	4,727	9,455	14,749	17,964	18,909
General Practice- No Surgery	80242	3,269	6,538	10,200	12,423	13,077
General Practice-Minor Surgery	80275	5,092	10,184	15,886	19,349	20,367
General Preventive Medicine- No Surgery	80231	1,629	3,258	5,083	6,190	6,516
Geriatrics- Minor Surgery	80276	4,727	9,455	14,749	17,964	18,909
Geriatrics- No Surgery	80243	2,176	4,352	6,788	8,268	8,703
Gynecology- Minor Surgery	80277	6,003	12,006	18,729	22,811	24,012
Gynecology- No Surgery	80244	3,816	7,632	11,906	14,501	15,264
Hematology- No Surgery	80245	3,269	6,538	10,200	12,423	13,077
Hospitalist-Family/General Medicine	180814	3,269	6,538	10,200	12,423	13,077
Hospitalist-Internal Medicine	280814	3,816	7,632	11,906	14,501	15,264
Hospitalist-Pediatrics	380814	2,358	4,717	7,358	8,961	9,433
Infectious Diseases- No Surgery	80246	3,633	7,266	11,334	13,805	14,531
Intensivist	80283	5,648	11,295	17,621	21,461	22,591
Internal Medicine- Minor Surgery	80284	4,727	9,455	14,749	17,964	18,909
Internal Medicine- No Surgery	80257	3,816	7,632	11,906	14,501	15,264
Laryngology- Minor Surgery	80285	4,727	9,455	14,749	17,964	18,909
Laryngology- No Surgery	80258	1,629	3,258	5,083	6,190	6,516
Neonatology- Minor Surgery	300001	4,727	9,455	14,749	17,964	18,909
Neoplastic Diseases- No Surgery	80259	3,269	6,538	10,200	12,423	13,077
Nephrology- Minor Surgery	80287	4,181	8,361	13,043	15,886	16,722
Nephrology- No Surgery	80260	3,633	7,266	11,334	13,805	14,531
Neurology- No Surgery	80261	4,727	9,455	14,749	17,964	18,909
Nuclear Medicine	180262	3,269	6,538	10,200	12,423	13,077
Occupational Medicine	80233	1,629	3,258	5,083	6,190	6,516
Oncology- No Surgery	80473	3,269	6,538	10,200	12,423	13,077
Oncology - Radiation	280473	2,905	5,809	9,063	11,038	11,619
Ophthalmology- No Surgery	80263	2,176	4,352	6,788	8,268	8,703
Orthopaedics-MRP, NMajS	280154	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- Minor Surgery	80291	4,727	9,455	14,749	17,964	18,909
Otorhinolaryngology- No Surgery	80265	1,629	3,258	5,083	6,190	6,516
Pathology- No Surgery	80266	2,176	4,352	6,788	8,268	8,703

Pediatrics- Minor Surgery	80293	4,727	9,455	14,749	17,964	18,909
Pediatrics- No Surgery	80267	2,358	4,717	7,358	8,961	9,433
Physiatry or Physical Medicine and Rehabilitation	80235	1,629	3,258	5,083	6,190	6,516
Physicians- not otherwise classified- minor surgery	80294	4,727	9,455	14,749	17,964	18,909
Physicians- not otherwise classified- no surgery	80268	3,816	7,632	11,906	14,501	15,264
Podiatry- Minor Surgery	180993	1,831	3,662	5,712	6,957	7,324
Podiatry- No Surgery	380993	1,251	2,502	3,903	4,753	5,003
Psychiatry	80249	2,176	4,352	6,788	8,268	8,703
Public Health	80236	1,629	3,258	5,083	6,190	6,516
Pulmonary Diseases- No Surgery	80269	4,181	8,361	13,043	15,886	16,722
Radiology- diagnostic- Minor Surgery	80280	4,727	9,455	14,749	17,964	18,909
Radiology- diagnostic- No surgery	80253	4,181	8,361	13,043	15,886	16,722
Rheumatology- No Surgery	80252	2,176	4,352	6,788	8,268	8,703
Sleep Medicine	280269	3,816	7,632	11,906	14,501	15,264
Surgery- Cardiac	80141	12,929	25,857	40,337	49,129	51,714
Surgery- Cardiovascular Disease	80150	12,929	25,857	40,337	49,129	51,714
Surgery- Colon and Rectal	80115	6,003	12,006	18,729	22,811	24,012
Surgery- General- Not Otherwise Classified	80143	10,012	20,025	31,239	38,047	40,050
Surgery- Gynecology	80167	6,732	13,464	21,004	25,582	26,928
Surgery- Hand	80169	6,732	13,464	21,004	25,582	26,928
Surgery- Head and Neck	80170	6,732	13,464	21,004	25,582	26,928
Surgery- Neonatology or Pediatrics	80474	10,012	20,025	31,239	38,047	40,050
Surgery- Neurology	80152	23,134	46,268	72,178	87,910	92,536
Surgery- Ophthalmology	80114	3,269	6,538	10,200	12,423	13,077
Surgery- Oral/Maxillofacial	80109	3,269	6,538	10,200	12,423	13,077
Surgery- Orthopedic	80154	15,115	30,230	47,159	57,437	60,460
Surgery- Orthopedic- without procedures on the back	N80154	10,742	21,484	33,515	40,820	42,968
Surgery- Otorhinolaryngology	80159	6,003	12,006	18,729	22,811	24,012
Surgery- Plastic- Not Otherwise Classified	80156	10,012	20,025	31,239	38,047	40,050
Surgery- Plastic- Otorhinolaryngology	80155	10,012	20,025	31,239	38,047	40,050
Surgery- Thoracic	80144	12,929	25,857	40,337	49,129	51,714
Surgery- Traumatic	80171	12,929	25,857	40,337	49,129	51,714
Surgery- Urological	80145	5,456	10,912	17,023	20,734	21,825
Surgery- Vascular	80146	12,929	25,857	40,337	49,129	51,714

Urgent Care Medicine	80424	3,816	7,632	11,906	14,501	15,264
Urology-Minor Surgery	280145	4,727	9,455	14,749	17,964	18,909

#### **D. Ancillary Personnel Classifications and Rates**

The following ancillary personnel may purchase and therefore, be afforded their own separate limits of liability by specifically listing such persons as additional named insureds on the policy. The limits of liability must be equal to those of the individual physician or professional corporation. The rate is as shown and not subject to step adjustment.

If separate limits are not desired by the listed allied healthcare professionals, 50% of the otherwise applicable ancillary base rate will be charged in order for the ancillary employee to share in the physicians limits or the separate corporate limit if one is present.

There is no charge for other allied healthcare professionals (80998). They share in the named insured's limit of liability. They are not eligible for a separate limit of liability. All other code 80998 for which there is no additional premium charge include: audiologists, medical aides, research PhDs, full time medical students, medical laboratory technicians, OR technicians, opticians, physiotherapists, dental hygienists, scrub nurses, x-ray technicians with and without therapy.

#### **\$1,000,000/\$3,000,000 Manual Rates Effective 01-01-2011**

<b>Territory 1: Cook, Madison and St. Clair Counties</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	2,229
Chiropractor	80410	5,373
Dialysis Technician	71514	1,743
Nurse Practitioner	71510	1,743
Optometrist	71517	773
Orthopaedic Tech/ Ortho RN	71515	6,720
Physician Assistant	71520	1,743
Psychologist	71525	1,160
Psychotherapist	71521	1,160
Surgical Assistant	71523	1,743

<b>Territory 2: Lake, Vermillion, McHenry, Winnebago, and Will</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,894
Chiropractor	80410	4,567
Dialysis Technician	71514	1,482
Nurse Practitioner	71510	1,482
Optometrist	71517	657
Orthopaedic Tech/ Ortho RN	71515	5,712
Physician Assistant	71520	1,482
Psychologist	71525	986
Psychotherapist	71521	986
Surgical Assistant	71523	1,482

<b>Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, DuPage, Kankakee, Macon, and Kane</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,560
Chiropractor	80410	3,761
Dialysis Technician	71514	1,220
Nurse Practitioner	71510	1,220
Optometrist	71517	541
Orthopaedic Tech/ Ortho RN	71515	4,704
Physician Assistant	71520	1,220
Psychologist	71525	812
Psychotherapist	71521	812
Surgical Assistant	71523	1,220

<b>Territory 4: Remainder of State</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,226
Chiropractor	80410	2,955
Dialysis Technician	71514	959
Nurse Practitioner	71510	959
Optometrist	71517	425
Orthopaedic Tech/ Ortho RN	71515	3,696
Physician Assistant	71520	959
Psychologist	71525	638
Psychotherapist	71521	638
Surgical Assistant	71523	959

<b>Territory 5: Adams, Knox, Peoria, and Rock Island</b>	<b>Code</b>	<b>Premium</b>
Certified Nurse Anesthetist	71508	1,003
Chiropractor	80410	2,418
Dialysis Technician	71514	785
Nurse Practitioner	71510	785
Optometrist	71517	348
Orthopaedic Tech/ Ortho RN	71515	3,024
Physician Assistant	71520	785
Psychologist	71525	522
Psychotherapist	71521	522
Surgical Assistant	71523	785

\*Corporate liability is computed as a percentage of the five (5) highest rated eligible named insureds.



#### **E. Territory Definitions and Factors**

<b>Territory</b>	<b>County</b>	<b>Factor</b>
Territory 1	Cook, Madison, St. Clair	1.818
Territory 2	Will, Vermillion, Lake, McHenry, Winnebago	1.545
Territory 3	Jackson, Kane, Kankakee, Bureau, Champaign, Coles, DeKalb, DuPage, Effingham, LaSalle, Macon, Randolph	1.273
Territory 4	ROS	1.00
Territory 5	Adams, Knox, Peoria, Rock Island	.818

#### **F. Decreased/Increased Limits Factors**

<b>Limit</b>	<b>Factor</b>
\$500,000/\$1,500,000	0.75
\$1,000,000/\$3,000,000	1.00

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2013.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$4,000,000	0% (New Program)
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify:

Medical Professional Liability - Physicians and Surgeons

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

The proposed program is for physicians and surgeons operating in the state of Illinois.

It is being written in conjunction with Bentley Insurance Group, LLC, a risk purchasing group. Please be advised that these rates are structured after First  
Professionals Insurance Company's Physicians and Surgeons Professional Liability program already on file with your division.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Torus National Insurance Company

Name of Company

Jason Simmons, Head of Compliance, Americas

Official – Title